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ABSTRACT

This report details the evaluation of Target 2000, a South Carolina parent education program that involves parent and literacy training as well as social services for children and parents, and that is intended to increase parents' effectiveness as the primary teachers of their preschool children. The evaluation process described was shaped by the Target 2000 legislation, the design of the parent education program by the South Carolina Department of Education, and the piloting of the program by 21 selected school districts. The evaluation itself focused on the program's four components: (1) parenting education, including information on parenting skills and child development; (2) literacy training and adult education; (3) child services, including developmental screening, health services, and direct educational services; and (4) direct parent and family services, including transportation, child care, food, clothing, heat, and linkages with family support services. Part 1 of the report discusses the function, organization, and framework of the evaluation. Part 2 reviews and analyzes the literature on effective parent education practices. Part 3 describes the data collection and analysis, while part 4 presents the findings, including profiles of parents and family life contexts and profiles of the staff and the programs at the 21 sites. Part 5 presents recommendations, including recommendations to emphasize school readiness and recruit minority staff. A list of more than 50 references is provided. Appendices include a list of members of the evaluation team and the pilot projects, interview and inventory forms, a summary of findings about program outcomes, and a cost analysis of the program. (SM)

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Evaluation of Target 2000 Parent Education Program: Final Report

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Final Report: Target 2000 Parent Education Program Evaluation

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The Evaluation: Function, Organization, And Framework

The evaluation of the Target 2000 Parent Education Program was initiated in January of 1993 and completed in May of 1993. The evaluation process was comprised of five steps: development of an evaluation team, articulation of the primary function of the evaluation, organization of a system for designing and implementing the evaluation, development of an evaluation framework, and implementation of that framework. This report includes information on all aspects of the process, with extensive attention given to the key aspects of the evaluation as they relate to effective practices in parent education.

Function of the Evaluation

The primary function of the evaluation was shaped by three factors: the Target 2000 legislation, the actual design and structuring of the parent education program by the South Carolina Department of Education, and the piloting of the program components and strategies by 21 selected school districts. The evaluation team used these sources as well as findings on other programs reported in the literature in the shaping of the evaluation framework. Emerging from this examination was the following mission of the evaluation:

> *The purpose of the Target 2000 Parent Education Program Evaluation is to conduct a comprehensive review and analysis of the program components and elements as they have been designed and implemented by the pilot projects.* The focus of this process should be on determining the various strategies and practices that have or are likely to have a positive influence on parents, children, and families.

Organization

An initial task was to organize the evaluation team. The team includes appropriate early childhood, parent education, and research and evaluation design professionals, and is comprised of three professors and three graduate assistants. The director of the project is a full professor in early childhood education and has been engaged in conducting parent involvement/education development and research projects for several years. The two professor/consultants have extensive experience in educational evaluation and research. The three graduate student assistants were carefully selected to match needed skills for implementing the evaluation. A listing of the evaluation team is included in Appendix A.

An office and project management system was established to facilitate the effective implementation of the project. The project was housed in the College of Education's Office of Research. This office included the needed secretarial assistance, support resources, research tools, meeting space, and personnel to effectively carry out the evaluation. An operating budget was established within the University. Related computer and data analysis tools and resources were available within the project's operational system. Regular evaluation team meetings provided the context for needed communication and feedback.

Critical to the all aspects of the evaluation process is an effective communication system. An open line of communication with the South Carolina Department of Education was established. Contact people in the Department's Office of Policy Research and in the area of Parent Education were assigned to work with the project. Copies of all project documents were sent to these contact people for review and feedback. Weekly project staff meetings were held and all interested parties were informed and encouraged to attend. Each pilot project director was contacted by mail with regards to the focus of the evaluation process and the need for their participation and involvement. A "pilot project roster" was developed with an evaluation team member assigned to maintain contact with a specific pilot project (See Appendix B for a copy of the roster). In addition, the pilot project directors were involved in a full-day session that focused on reviewing and refining the evaluation framework (See Appendix C for a copy of the meeting agenda). External reviewers have also been involved in examining the evaluation framework.

A significant part of the development of the evaluation framework was the involvement of the directors of the pilot projects in reviewing and refining the framework. All 21 directors participated in this process. The session was held on February 16 in the USC Faculty House. A draft copy of the framework was presented and discussed. The review session also provided an opportunity for the project directors to meet the evaluation team and to plan site visit schedules. In addition, the critical data elements of the evaluation as perceived by the pilot project directors and the evaluation team were discussed and examined.

Based upon the finalized evaluation framework, a data collection system and process was established. Data sources included: pilot project documents, pilot project self-evaluation findings, site visit data (inclusive of data to be obtained from parents and staff), follow-up phone conversations with staff, as needed, and research findings from projects reported in the early childhood parent education literature.

Pilot project documents were obtained from the South Carolina Department of Education and from individual pilot projects. These documents included grant applications, required reports and evaluations, and related narrative data. These documents were reviewed and analyzed by the evaluation team in relationship to the components and elements identified in the evaluation framework.

A site visit process and schedule were developed in collaboration with the pilot project directors. The site visits provided an opportunity to collect data from parents through structured focus group sessions and from staff through interviews and discussion. This process also allowed the evaluators to see first-hand the physical settings in which the pilot projects were housed, and to observe some of the activities of these projects.

A comprehensive review of parent education practices reported in the literature was carried out and used as a data source. The literature review focused on practices that have proven effective, with particular emphasis on practices that have positively influenced parents, children, and families.

The Evaluation Framework

The focus of the evaluation was to delineate effective parent education practices as related to increasing parental competence, strengthening family functioning, and ultimately positively influencing children's school success. As emphasized by Weiss & Jacobs (1988), *this evaluation aimed to examine the Target 2000 Parent Education Program within the context of the stated goals of* *the legislation and within the context of the Program's development as carried out by the South Carolina Department of Education and the selected pilot projects.* Related parent education programs were examined for both comparative and narrative purposes. In effect, an attempt was made to articulate the key practices in parent education that can positively influence parents, children, and families during the early childhood years.

The context of the program evaluation was set by four specific goals included in the legislation. They were:

*to demonstrate effective methods of parent training and support that will enable parents to excel in their roles as the primary teachers of their preschool children;

*to develop and coordinate appropriate services based on the growth and development of the child;

*to improve the education, skills, and employment of parents toward having a positive influence on the growth and development of the child;

*and to assure preschool developmental screening for all children whose families are served in the program. The context of the evaluation is further defined by the development of the program as carried out by the South Carolina Education Department and the 21 Pilot Projects. Based upon these factors, the following framework has been developed. (See Figure 1.)

Figure 1

Target 2000 Parent Education Evaluation Framework

	STAGES		
COMPONENT	**DESIGN**	**IMPLEMENTATION**	**EVALUATION**
PARENT EDUCATION •Parenting information •Child development information			
LITERACY/TRAINING ADULT EDUCATION •General literacy services •Adult education •Other			
CHILD SERVICES •Developmental screening •Health services •Direct education services			
PARENT/FAMILY SERVICES •Direct parent services •Direct family services •Referrals			

As shown in Figure 1, the Target 2000 Parent Education Evaluation Framework included **four components** and **three stages.** These components and stages comprised the substance of the structure for carrying out the evaluation.

The four components are *parenting education, literacy/adult training, child services, and parent/family services.*

Parenting Education. This component focuses on all program activities that include some form of parenting education. Two sub-components are *parenting information* and *child development information.* Parenting education programs in the Target 2000 Parent Education Program have addressed topics such as parent-child relationships, basic parenting skills, personal/parental self image, and family management, all of which are part of the sub-component *parenting information.* Programs have also focused on how children learn and develop through language, social, emotional, motor, and physical skills which are a part of the sub-component *child development information.*

Literacy Training and Adult Education. The Target 2000 Parent Education Program also includes the component of literacy/adult training. In some cases, this component is addressed through the sub-component of *general literacy services* (family literacy , parent literacy experiences such as helping a parent learn how to read, and other activities). *Adult Education* is another sub-component which is usually inclusive of strategies such as enrolling parents in high school courses, GED equivalency experiences, and related educational endeavors.

Child Services. This component includes at least three sub-components: *Developmental Screening, Health Services,* and *Direct Educational Services* . All of the Target 2000 Parent Education Programs carry out activities to determine children's developmental status through the use of various screening and assessment instruments and processes such as the DIAL, the CSAB, and other means. These are examples of *Developmental Screenings.* Programs have also delivered services such as physical examinations for children, assured that children received needed medical attention, and provided needed immunizations (*Health Services*). Another sub-component, *Direct Educational Services*, is exemplified by activities like tutoring, in-classroom assistance for children whose parents are enrolled in the program, and through the involvement of children in "learning center activities" while parents are involved in parent training sessions.

Parent/Family Services. This component includes three sub-components: *Direct Parent Services* (providing parents with transportation, child care, and other direct supports), *Direct Family Services* (providing the entire family with food, heat, clothing, and other direct supports), and *Referrals* (providing parent, child, and family with linkages to other family support agencies for meeting particular needs, for example: WIC [Women, Infants, Children]).

In the reality of the work of the pilot projects, these program components often occurred in an integrated manner, where one component was essential to the implementation of another component. *The evaluation framework recognizes this dynamic process of program component interaction; however, attempts were made to assess the component's unique influence on children, parents, and families.*

The three stages (*Design, Implementation, Evaluation*) are the means by which the pilot projects carried out the parent education components within the contexts of their schools and communities.

Design: The design element of each program includes: Needs Assessment, Goals, Delivery Systems, and Program Activities. Each program carried out some form of *Needs Assessment* to determine what the critical parent education needs were in their community. Surveys, focus groups, demographic data, teacher observations, and related parent and citizen feedback strategies are examples of how programs conducted the needs assessment process. *Goals* were developed based on the information attained in needs assessment and continually refined with program experience. Providing parents with training on child development, involving them in appropriate adult education activities, and providing children with specific health services are examples of goals as developed by some South Carolina Parent Education Programs. *Delivery Systems* provide the means for getting activities and services to parents as implied in the specific goals of each program. Target 2000 Parent Education Programs have used various delivery systems: home visits, group meetings, videotaped programs, news articles, individual counseling, and other means. *Program Activities* are the actual content of programs. Examples include the involvement of parents in home learning activities (as possibly delivered by the home visitor or introduced in a group meeting), the use of tutoring with children in child development classes, the use of "networking" with parents, and many other such activities.

Implementation. The implementation element of each program includes: Involvement Methods, Staff Training, and Interagency System. *Involvement methods* are the strategies used to achieve parent participation in program activities. Examples include: transportation, child care services, special incentives, car pooling, and other "enabling" strategies. *Staff Training* is the means by which staff acquire and/or refine knowledge, skills, and attitudes essential to the successful implementation of the program. Statewide training programs, program-specific "job training," and other staff educational opportunities qualify as a part of this process. *Interagency System* was the means that programs used to attain effective and collaborative relationships with other parent, child, and family agencies. Advisory councils, interagency planning teams, case management systems, and other means are used to attain this interagency and community participation process.

Evaluation. The evaluation element of each program includes: Assessment, Performance Measures, and Outcomes. *Assessment* is the process used (including instruments, documentation forms, and other evaluative tools) to examine the program's progress toward meeting its goals. Strategies and activities used to evaluate different program activities, for example, might include: parent meeting evaluation forms, home visit assessment forms, attendance sheets, and other means. *Performance Criteria and Measures* are the specific criteria by which a program evaluates the effectiveness of particular program components. Parent attainment of certain parenting skills would be an example. *Outcomes* are the actual achievements of the program as assessed by the performance measures.

The evaluation framework also includes a design for attempting to determine significant relationships between program factors and participant factors. Figure 2 presents the key elements of this part of the framework.

Figure 2

Target 2000 Parent Education Evaluation System For Determining Program/Participant Relationships

PROGRAM DESIGN	PARTICIPATION DESIGN	Immediate Outcomes	Application	Long-Term Benefits
		Knowledge/ *Skills Attained*	*Parent,*	**Effects On**
•Parent	•Child care	Satisfaction & Attitude Data	Child, &	**Parent,**
•Literacy	•Transportation			
•Child	•Advisory team		*Family*	**Child &**
•Family	•Location	*Behavioral* Data		
	•Marketing		Data	**Family**
	•Staff/Parent Relationships			
	•Incentives			

Figure 2 presents a visual example of how the relationships between and among program/participant factors might occur. The Program Design includes the goals, activities, and means of delivering activities to parents, children, and families. The Participation Design is the means by which programs attempt to engage parents, children, and families in the processes developed in the program design. Child care, for example, might be used to increase the likelihood of parent participation in group meetings or the developmental assessment of their children. Emerging from the involvement of parents and families in the program are three immediate outcomes: acquisition of *knowledge and skills*; development of particular *attitudes* toward their children, themselves, and indeed the program; and specific new *behaviors* which might include regular attendance at parent meetings, having their children immunized, and other such changes in parent, child, or family behaviors. A further extension of possible program influence concerns the application of this knowledge and these attitudes and behaviors by parent and child in their daily activities. Ultimately, each program is attempting to achieve particular effects on parent, child, and family. The evaluation process includes an examination of the possible relationships between what programs have designed, what they are doing, and how these processes are involving and influencing parents, children and families.

Given the limited time that the pilot projects have been functioning, the nature of projects that are in their early phase of development, and the context of the evaluation itself, *the scope of the evaluation is primarily on parent participation and related immediate outcomes.*

Key Questions Studied

Within each of the major components of the evaluation framework, the following key questions were studied. The questions are organized within the program elements they address (Design, Implementation, and Evaluation).

Design

1) What are the *major goals* of the Parent Education Program as reflected in the work of the pilot projects?

2) How were the Parent Education Program goals developed (as reflected in the *needs assessment activities* carried out by the pilot projects)?

3) What *delivery systems* have the Parent Education Programs used?

4) What Parent Education Program *activities* have been used to achieve the identified goals?

Implementation

5) What *methods* have the Parent Education Programs used to increase parent participation in program activities?

6) What *staff development activities* were used to enable staff to effectively implement the Parent Education Program?

7) What types of *interagency and school-community collaboration* have Parent Education Programs used?

Evaluation

8) What *assessment processes* have Parent Education Programs used to record progress toward achievement of their goals?

9) What *performance criteria and standards* have Parent Education Programs used to determine their effectiveness in achieving particular goals?

10. What *evidence* have Parent Education Program's provided to support the achievement of their goals?

11) What have parents perceived as *most helpful to them* with regard to the activities in which they have participated?

12) How do parents perceive *the impact of the program* on themselves, their children, and their families?

In studying these key questions, particular emphasis has been given to what progress the program has made toward the achievement of the legislative mandate. Data relative to particular parent education practices that have proven especially effective are also highlighted in this analysis. In effect, the evaluation has focused on what has been learned in the program through the work of the pilot projects as well as what has been learned from the research on effective practices as reported in the literature. Relationships, for example, between parent participation in program activities and observed outcomes in parents and children are of special interest. Likewise, program practices that appear especially effective in achieving high parent participation and having high impact on parents and children are closely discussed. While the program is in its early phase of development, some of the pilot project data indicate some encouraging strategies that are already impacting the quality of family life for the better, and are thus very likely to have a positive influence on children's school readiness and success.

Overview Of Remaining Sections Of The Report

The remaining sections of the report focus on the activities carried out in completing the evaluation process as it is articulated in this section of the report. *Part Two* focuses on presenting the highlights from the parent education literature on effective practices and the potential these practices hold for increasing parent competency, family stability, and children's school success. *Part Three* provides information on the data collection and analysis process. This part includes: the sources of data used (including the Parent Focus Group Interview Form and the Staff & Program Inventory Form), discussion of instruments used, an explanation of the site visit process, and how the data were organized and analyzed. *Part Four* provides a detailed report on the findings of the study, including a full discussion of some of the key implications of these findings. *Part Five* provides the recommendations related to possible future parent education efforts in South Carolina. *Part Six* presents an Executive Summary of the evaluation report, focusing on the major activities and findings of the total process. *Part Seven* is the References. *Part Eight* consists of the Appendices which include samples of the major tools and resources used to conduct the study.

Effective Parent Education Practices: A Review And Analysis Of The Literature

A major purpose of the South Carolina Target 2000 Parent Education Program was to identify *effective practices.* An important part of this effort was to gain insight from the experiences of other programs. In particular, this focus on effective practices needs to be related to South Carolina's unique situation and to the various factors that comprise and/or influence what is meant by *effective practices.*

In an effort to explicate the key findings in the literature that address *effective parent education practices,* the research team examined the following elements: the meaning of "effective practices" as delineated in the literature; the meaning of "effective practices" in relationship to various factors like context and and program goals; the meaning of "effective practices" in relationship to South Carolina's program components; a review of parent education program findings with an emphasis on "effective practices"; and a synthesis of key research findings on "effective practices" as related to various program/participant variables. In addition, a synthesis of the research on possible program outcomes is essential to gaining perspective on the value of South Carolina's program efforts.

Effective Practices: Program Goals as Indicators

All parent education programs have an implied definition of *effective practices* as articulated in their goals and overall design. Weiss & Jacobs (1988) state that all programs attempt to improve the functioning of families through interventions aimed at one or more family members (parent or child). Programs utilize activities and strategies that in theory are an outgrowth of their goals. They have some outcome in mind that is hopefully influenced by their activities and strategies. In shaping their program designs, parent educators include some types of services that Weiss & Jacobs (1988) identify as *information support, emotional support,* and *instrumental support.* These supports might be delivered in various forms (home visits, in seminars, or by other means), but they are all designed to influence parent, child, and family behavior in positive ways.

In effect, the goals of parent education programs establish the foundation upon which their effectiveness is ultimately decided. In this sense, *effective practice* is identified as a strategy or action that is successful in achieving program goals. If, for example, a goal is to increase parent knowledge of child development through a home visit program where such knowledge is the primary focus, then one critical factor in assessing the home visit process is its impact on parental knowledge of child development (Upshur, 1988). Yet as most programs have found through experience, the use of *outcome goals* as effectiveness indicators provide only one dimension of the evaluation process. Intervening factors (often called *process goals* in the literature) like staff training, curriculum, parent participation, and other variables - clearly influence the effectiveness dimension of parent education practices (Powell, 1989).

Program goals do, however, establish the framework for determining effective practices within the program's overall mission. Weiss & Jacobs (1988) suggest that comprehensive parent education and family support programs best identify effectiveness parameters when their programs include the following (Weiss & Jacobs, 1988, xx, xxi):

1. They demonstrate an **ecological approach** to promoting human development in that they foster child and adult growth by enhancing both the family's child-rearing capacities and the community context in which childrearing takes place.

2. They are **community-based** and sensitive to local needs and resources, even when they have a federal or state sponsor.

3. They provide services in each of the domains typically included within the concept of social support: They supply **information** (i.e., child health and development and parenting information), **emotional and appraisal support** (for example, empathy, feedback, and reinforcement to adults in parenting roles and access to other parents) and **instrumental assistance** (for example, transportation and referrals to other services.)

4. They emphasize **primary and secondary prevention** of various child and family dysfunctions.

5. They have developed **innovative and multilateral (as opposed to exclusively professional) approaches** to service delivery through such means as peer support, creative use of volunteers and paraprofessionals, and the promotion of informal networks.

6. They underscore the **interdependent relationship** between family and community (including both formal and informal supports) while at the same time framing this relationship so as to reinforce and respect the family's role and

prerogatives.

South Carolina's Target 2000 Parent Education Program is inclusive of these six defining characteristics. Both the legislative mandate and its articulation of the mandate into a program framework propose components and strategies that aim to provide parents and families with comprehensive services during the early childhood years. A desired outcome (and thus an "effectiveness indicator") of the South Carolina Program is to assist parents in becoming more competent in their parenting, to strengthen their families, and ultimately to positively influence their children's school success. **Four program components are delineated within the South Carolina Program mission statement:** parenting education, literacy/training & adult education, child services, and parent/family services. Each of these components has the common goal of strengthening the total parent/family system.

A distinguishing feature of parent education programs, as they have emerged since 1980, is the focus on *parent and family empowerment* through strategies that *address the comprehensive needs of parents, children, and families* (Swick, 1993). Any analysis of program effectiveness (particularly with regard to effective practices) must consider this broad outcome of addressing the comprehensive needs of all of the players in the human development arena. To ignore the complexity and the totality of educating and supporting parents and families within the dynamics of the early childhood years is not only delimiting in nature, but also a mark of ineffectiveness (Skolnick, 1991).

Context Factors and Program Effectiveness

The realities of life within the varying contexts of parent education programs do alter the way goals are viewed and actualized (Powell, 1989). Many program outcomes undergo revision and adaptation as a result of feedback from participants, changes in available resources, and as a result of a plethora of other variables. The following *context factors* need to be incorporated into analyses of effective practices in parent education programs: program design elements, participant attributes, implementation issues, and evaluation approaches. Research has shown that while program goals are critical indicators of effectiveness, the process variables that serve to support the achievement of such goals are just as critical (Powell, 1988).

Program design elements include needs assessment, goal refinement, development of delivery systems, and the deployment of various program activities. Each of these elements interact with each other and with the mission of the program in influencing the *effectiveness dimension of the program.* For example, Powell (1989) found that a parenting program that was initially committed to "discussion groups" as the primary means of reaching minority parents proved ineffective not because the discussion group techniques were inadequate but because the parents being served were not interested in this approach. When the program *refined its goals* to include more individualized attention to parents, the results were positive. Likewise, Swick (1992) found through surveys of parent interests that *multiple delivery systems* worked more effectively because parents in the program had diverse needs and work schedules.

Several studies have noted that *experience-based parent education activities* are more effective in motivating parents to learn than lecture methods (McClellan, 1992). Clearly, program design elements strongly influence "effective practice" in parent education. How program needs are determined, the ways in which they are delivered, and the manner in which goals and activities are carried out and refined establish the framework by which parents experience the program.

Participant attributes establish the living context in which parent education is actualized. Several researchers have noted the dynamics that occur in the program/parent relationship (Dunst & Trivette, 1988; Olds, 1988; Powell, 1988). *Effective practice requires attention to the multiple relationships that emerge in this dynamic interaction of program and parent.* For example, parent interests, skills, cultural orientation, and educational level have been highly related to their involvement in (or lack thereof) parent education. McClellan (1992, p. 35) notes that:

> Program effectiveness is dependent on a match between participant needs and program dynamics. What works with one group of parents may prove totally irrelevant with another group.

Parents, because of their many needs, typically want several different types of program experiences and want them delivered in ways that accommodate their personal and family situations (Swick, 1987). The many dimensions of the program-parent relationship are explicated by Powell (1989, pp. 100-102): individual parent needs, environmental factors in the family and community, parent personality differences, parent educational differences, and cultural influences. *The once held notion that parent education effectiveness could be determined by measuring clear cut outcomes has given way to a more dynamic understanding of the program-parent relationship.*

Implementation issues and strategies present another set of factors in the determination of effective parent education practice. In particular, involvement methods, staff training, and the way in which programs interrelate with other family support groups influences the program's potential for success (Weiss, 1988). *How programs support the involvement of parents* in learning and support activities has much to do with their effectiveness. Process studies have found that involvement strategies like providing parents with transportation to meetings, delivering services through home visits, and providing child care during parent group meetings increases parent participation (Swick, 1992). *The skills and continuing education of staff* also influence effective practice. The most effective programs have had highly trained staff, clearly defined staff roles, and effective institutional support systems for staff (Weiss & Jacobs, 1988). In particular, staff perceptions of and attitudes toward parents strongly influence the program's success potential. Powell (1988, 1989) notes that where staff and parents have equitable, supportive, and collaborative relationships, program outcomes are more positive and reflective of desired parent, child, and family changes. Significantly, staff who have a sensitive understanding of the parents with whom they work tend to use more collaborative and creative means of involving parents such as networking, peer mentors, discussion groups, and active-involvement teaching methods (McClellan, 1992). *The interface between* *the parent education program and other family support groups in the community* is significant (Weiss, 1988). This is a particularly critical variable in programs that hope to provide comprehensive and sustaining services. For example, the diverse needs of families typically require educational and support resources not available within any single agency. McClellan (1992) notes that programs that have been successful in attracting minority and at risk clients have attained an effective multi-disciplinary arrangement with other community service groups. Likewise, parent education programs that have suffered for lack of services point to their limitations in achieving this "ecological fit" with other family support agencies (Powell, 1989).

Evaluation approaches establish the means by which parent education programs refine and improve their service to parents, children, and families (Swick, 1991). The lack of valid and reliable assessment strategies limits the effectiveness of programs. For example, Powell (1988, 1989, 1990) notes that simplistic evaluations fail to provide program designers with the needed information on process variables like staff attitudes and skills, curriculum (and its relevance to parent needs), parent-program match data (such as parent perceptions of the value of specific services), and other important program activities. From the needs assessment process used to determine initial program goals to the assessment approaches used to evaluate individual program activities, the evaluation effort is a critical context factor. Elements like the need for transportation, accommodating cultural differences with parent groups, and the need for changing meeting schedules can only be determined through continuing assessment and responsive program adaptations (Powell, 1989). Even within program populations the need exists for determining the effectiveness of various program activities. McClellan (1992, p. 36) clarifies the important role evaluation plays in attempting to respond to the needs of "sub-populations" within the same program.

> Even within program populations there are *multiple differences* among parents regarding their particular needs and learning orientation. Powell (1988) noted that various studies have particularly cited low-participation by high-risk parents as a barrier to their success. He suggests that analytic studies of how programs respond to the needs of high-risk and other culturally different populations might reveal how programs can better respond to the individuality of each family.

Perhaps most important to the evolution of "successful programs" is the role that evaluation plays in promoting pride in various achievements (Swick, 1991). Feedback on even small outcomes that prove effective provide the foundation upon which further success stories are based. By acquiring information on what works for different parents, what needs require program adjustments, and what strategies need refinement, effective program practices can be better articulated (Weiss & Jacobs, 1988).

Effective Practices Defined Within South Carolina's Program

South Carolina's Target 2000 Parent Education Program established some basic criteria by which effective practices can be determined. *The goals, identified program components, suggested "involvement strategies", and emphasis* *on meeting local needs provide a framework for examining the theme of effective practices* Further, the orientation toward providing intensive services to high-risk families provides additional guidance on this process.

Four goals of the South Carolina Program provide the overall framework for examining effective parent education practices:

*to demonstrate effective methods of parent education and support that will *enable parents to excel in their roles as the primary teachers of their preschool children;*

*to develop and coordinate appropriate services *based on the growth and development of the child;*

*to improve the education, skills, and employment of parents *toward having a positive influence on the growth and development of the child;*

*to assure preschool developmental screening *for all children whose families are served in the program.*

These program goals were derived from an analysis of parent education programs that have had a prominent influence nationally . Programs like *Parents As Teachers*, the *Kenan Family Literacy Program, Minnesota Early Learning & Development Program,* and other parent education programs have focused on the above goals as critical indicators of both parent/family needs and program effectiveness (McClellan, 1992; Powell, 1986). A consistent observation in the literature is that **effective parent education programs address parent, child, and family needs** through program strategies that attempt to improve the parents competence as the family's leader(s); provide both parent and child with direct educational services; assist the family in resolving basic human needs; and support the family in developing an effective relationship with their environment (Weiss & Jacobs, 1988).

South Carolina's program *further defined the context for determining program effectiveness through the development of the program's basic components.* These components are: **Parent Education, Literacy/Training & Adult Education, Child Services,** and **Parent/Family Services.** These components (See Figure 1, p. 8) emerged from research on what prominent parent education programs have found to be essential in addressing the comprehensive needs of parents, children, and families.

A basic component of virtually every major program is Parent Education. For example, a common component in programs like *Parents As Teachers* and the *Kenan Family Literacy* model is parent education in two particular areas: parenting information and child development information (Hayes, 1989; Meyerhoff & White, 1986).

Another component found in parent education programs that address the comprehensive needs of developing families is Literacy/Training & Adult Education. Two areas of emphasis are the general literacy needs of high-risk parents and the support of parents in completing needed formal educational experiences and job training courses. Programs that have engaged parents in literacy activities such as learning to read and learning to share literacy experiences with their children and in adult education and job training experiences report increased parental competence (Hayes, 1989).

Child Services in the form of diagnostic, developmental and health screenings (and provisions for addressing identified developmental needs) and in the form of direct educational services have proved to be an integral component of effective programs (Weiss & Jacobs, 1988). The success of *Home Start* in the early identification of health needs and their effectiveness in addressing these needs gained the attention of leaders in various early childhood disciplines (Grogan, 1976). More recently, Missouri's effectiveness in providing comprehensive health services (hearing, vision, physical examinations, dental work, immunizations) and developmental assessment services to children from birth to three years of age has shown how vital this component is to long-term family functioning (Evaluation Summary, NPAT, 1985; White, 1988). *Direct educational services have also proven to be vital to positively influencing child and parent competence* (Lazar, 1988). These services are delivered in various forms but the most prominent are: involvement of the child in child development experiences in a center-based situation; involvement of the child (and the parent) in learning experiences delivered through home visit strategies; and involvement of the family in center-based educational activities (Powell, 1989). Clearly, the emerging emphasis on direct child learning experiences is being reinforced by engaging parents in becoming effectively involved with their child in enjoyable, meaningful educational activities.

South Carolina's program recognizes the need to provide a foundation of Parent/Family Support Services to sustain and indeed make possible with families in at risk situations, the educational involvement of parents and children. The findings of programs like *The Child and Family Resource Program* substantiate the importance of this component. Researchers who reviewed the infant-toddler part of this program noted (Nauta & Hewett, 1988, p. 389):

> It becomes increasingly clear that a child is unlikely to benefit from cognitive stimulation if other factors such as hunger, illness or disability in the family are ignored and that child development services are most effective when offered in the context of a full range of family support services.

A key role of effective parent education programs, as recently shown in the work of the *Child Survival/Fair Start Programs*, is assisting parents and children in attending to basic health, social, and economic needs (Larner & Halpern, 1987). In many cases this role is actualized through case management strategies (identifying the needs and connecting the parent and child to the available community service to meet the needs) and through effective interagency planning (Dunst & Trivette, 1988).

Program effectiveness in parent education is clearly interrelated with identified involvement strategies as they are explicated in program design, implementation activities, and in the manner in which these processes are evaluated (Powell, 1988, 1989).

Program Design establishes the framework for program action. Research indicates that the approaches used to determine goals strongly influence the potential effectiveness of the program (Dunst & Trivette, 1988). *Needs assessment strategies* that involve parents, citizens, professionals of various disciplines, and other personnel appear to be more effective than approaches that rely on traditional global community indicators. Of utmost importance is that parents to be served by the program have a major influence on the *direction established by the goals.* For example, Powell (1983, 1988) has noted that goals that do not reflect the true needs of the parents and families to be served often prove to be ineffective. In one study (Powell, 1983) he found that where individual differences in parental needs were not accounted for the participation rate was low. In another study (Powell, 1988) he found that staff had to account for cultural differences in parent learning styles in order to make the program responsive to the different needs of parents. Other researchers have also noted the critical role that goal setting plays in program development. Levenstein (1988), for example, found that programs with limited goals (cognitive information for parents to use in educating their children) often failed to achieve their primary mission because they never addressed the affective needs of the parents and families.

While it is clearly important for a program to have specific goals, these goals need to be reflective of the comprehensive needs of the parents, children, and families to be served. *Program delivery systems* also need to reflect the varying needs of parents. Research is clear that what works with one group of parents may not be effective with other parents (Dym, 1988). Further, *the conditions that surround different delivery systems* influence their effectiveness. One indicator of program effectiveness that has emerged is that programs that use multiple delivery systems (group meetings, home visits, family resource centers, literacy and adult education courses, individual conferencing, and other approaches) typically achieve more success (Cochran, 1982; Engstrom, 1988; Hayes, 1989; Powell, 1989; Weiss & Jacobs, 1988). Having the most appropriate delivery system is only part of the effectiveness factor; essential support resources must also exist if the system is to achieve its potential (White, 1988).

Implementation Strategies are an important part of developing effective parent education programs. Of particular importance are the *involvement methods* used to achieve parent, child, and family participation. For example, basic support resources like transportation, child care, and matching activity schedules to parent and family needs make a significant difference in the effectiveness level of programs (Swick, 1991). Additional strategies that have proven effective are: parent networking, use of adult teaching strategies, involvement of parents in selecting and shaping program activities, and the development of positive staff-parent relationships (Cochran, 1988; Engstrom, 1988; Larner & Halpern, 1988). Another significant influence on program effectiveness is *staff training*. The matching of staff with program tasks for which they are competent has been noted as a critical indicator of effectiveness (Larner & Halpern, 1988). Inadequate staff training, a lack of continuing education of staff for implementing new activities, and poor or nonexistent staff attitude training can impede the program's functioning (Wasik, et. al., 1990). Comprehensive programs face another challenge in coordinating and managing other family support resources to meet particular needs. For example, the presence of adult education courses in the community does not equate with availability. Coordination of such services through *interagency collaboration* is essential to their adaptation to the perceived needs of parents (Hayes, 1989). Collaboration and case management planning can result in more visibility of available services, better delivery of services to populations with limited resources, and more effective coverage of parents and families through meaningful implementation (Engstrom, 1988).

Evaluation is a process variable that is linked to program effectiveness. This process, when designed and carried out in an appropriate manner, is integral to the development of program activities on an on-going basis. Weiss & Jacobs (1988) note that the continuing *assessment* of program activities provides a basis for refinement of goals, activities, delivery systems, and other implementation strategies. Powell (1988), for example, noted that in his program group discussion content shifted toward more parent concerns as the program benefited from evaluative feedback. Swick (1992) describes how his program placed more emphasis on providing parents with transportation to meetings through feedback gained in parent assessment of the program. More intensive evaluation of program goals is needed through the development of *performance measures* that program designers believe to be critical indicators of effectiveness. Programs need to be asking key questions related to what they define as effectiveness (Weiss & Jacobs, 1988). Ultimately, program effectiveness is strongly influenced by *outcomes* that are identified as desirable.

Two additional factors given emphasis in South Carolina's program provide direction for determining effectiveness: **Responsiveness To Local Community Needs** and **Providing Intensive Services For At Risk**

Families. Both factors influence the design and implementation of parent education in ways that require continual feedback and adaptation.

South Carolina's Parent Education Program developed a framework of components that are based on effective practices relative to the factors that research suggests as positively influencing the competence of parents, children, and families. *A review of the research conducted on effective practices as experienced by different programs provide additional insight.*

Effective Practice: The Findings of Selected Programs

The experiences of other parent education and family support programs relative to the major components of South Carolina's program (Parent Education, Literacy/Training & Adult Education, Child Services, and Parent/Family Services) are instructive regarding design, implementation, and evaluation elements. Research and practice findings of selected programs are presented in relation to their significance for providing insight on effective practices within the components emphasized in South Carolina's Program as well as on other emerging practices.

Parent Education: Practically every major parent oriented program in early childhood education includes a *parent education component.* The educational component focuses on two major areas: parenting information and information on child development. Initially, parent educators tended to focus mainly on child development information, believing that if parents had information and skills on proper child rearing strategies they would be sufficiently equipped to carry out the parenting role. Yet research carried out in the 1980's showed that parents also needed information, skills, and support in better understanding the parenting process itself, especially as it was influencing their personal and marital development (Galinsky, 1987).

The most recent effort to address the *parenting information need_* of parents is the work of Cowan & Cowan (1992). The focus of their program is on helping parents from pre-parenting through the child's third birthday to better negotiate the challenges of becoming parents in productive ways. The goal of the program was to reinforce in "healthy parents" the positive behaviors and attitudes they were using to handle the new tasks of parenting. A part of this process was to intervene with parents having major difficulties in handling these tasks so that they might develop more positive approaches to relating to each other as partners in the family development process. While information giving is a significant part of the Cowans' program, more important to their approach is the use of **couples groups**. Professionals act as group leaders, helping the couples groups organize and articulate their needs and form discussion and study techniques for addressing these needs (Cowan & Cowan, 1992). Unlike one-shot or brief parenting programs, this approach calls for the continuing involvement of parents (typically on a monthly basis) in the discussion-sharing group sessions through the first child's third birthday. The substance of the couples groups includes: *identifying key stressors that emerge in becoming parents; acquiring information that addresses these stress points; sharing with other parents common needs, challenges, and resources for promoting effective parenting/family life; and supporting each other in negotiating this new experience* (Cowan & Cowan, 1992). Parent networking, the small group intimacy of meeting and sharing with other parents over an extended period of time, having access to other supportive parents going through the same experiences, and learning to use reflective problem solving strategies to handle the new experiences of parenting proved to be effective practices that parents cited as positively influencing their parenting (Cowan & Cowan, 1992). The Cowans suggest the following as effective practices that parent educators should integrate into their programs during the very formative stages of becoming parents.

Effective Parenting Practices That Focus On Marital/Family Dynamics

*Sharing and developing parenting and family life expectations as a couple.

*Carrying out regular feedback (checkups) as a couple on your feelings about your parenting, individually and as partners in the parenting process.

*Developing a parenting and family agenda together so that problems and concerns are discussed openly and addressed as a team.

*Nurturing the marriage (or friendship) relationship, thus avoiding the loss of intimacy that can erode the foundation of healthy family life.

*Lining up and utilizing support persons who you as a couple feel can help your family grow in positive ways.

*Locating and developing a small but supportive network with friends who can discuss the issues of early parenting with you.

*Seeking a balance among the many dimensions of being a person, spouse, parent, and contributor to the community.

More established programs have also found these practices to be effective and integral to the long-term health and wellness of families. *Minnesota's Early Learning and Development (MELD)* program aims to reach parents through local community support groups that are established within a larger framework of parent and family education (Engstrom, 1988). A major evaluation criteria of MELD is that parents become more competent in handling the stress of the early transition to parenthood and the evolving dynamics of family life. The program uses a very flexible approach, allowing each community to develop strategies that work for their parents. Research carried out over a fifteen year period indicates this community centered approach works. In particular, the program has found that parent networking, small group discussion teams, and home visits have been effective in addressing the individual needs of different parent populations. Of special significance in the Minnesota program are the positive results observed through directed attention to **prenatal care.** Healthier newborns and healthier mothers have resulted from this specific focus. Additional evidence of the effectiveness of prenatal and early infancy health care practices were noted in the *Prenatal/Early Infancy Project.* Wasik (1990) and his co-workers found that not only was low birth weight births reduced significantly, but that mothers were healthier after the birth of the child and returned to work and family life functions sooner and more productively. As Olds (1988) notes, however, the *effectiveness of the program was not simply in the offering of the services but in the deployment of involvement strategies that engaged at risk parents with these services in meaningful and positive ways.* Factors like trusting and responsive home visitors, transportation to health clinics, and networking with other parents who had similar situations proved to be significant influences on parent participation in the program (Olds, 1988). In addition, the program found that *educating parents about appropriate health and wellness practices was integral to their becoming autonomous in guiding the family's health.*

One of the effectiveness challenges facing parent education programs is to adapt to the changing needs of parents and families as they grow and develop. As parents become secure in their personal and marital roles, their attention shifts toward acquiring *child information* that empowers them in being nurturing and guiding forces in their children's lives (Swick, 1993). Clearly, parent needs for competence in their parenting/marital and child rearing capacities interact and influence each other in many ways.

Child information emphases are present in most parent education programs. While differences do exist in content focus, age and developmental levels attended to, and in strategies used to involve parents in gaining information on child development, **the common theme of most programs involves helping parents to become capable in their child rearing roles.**

One of the most prominent and effective programs with regards to engaging parents in becoming competent in child rearing capacities is the *Parents As Teachers* program (White, 1988). The program provides parent education beginning in the third trimester of pregnancy until at least the child's third birthday and in most cases through the child's fifth birthday. In many of the projects the services have been expanded to include comprehensive prenatal care along with followup services through the early school years. *The child information and support component of the program* includes the following: child development information (geared to the developmental needs and stages of children); continuing developmental and health screenings (inclusive of developmental assessments, health checkups, vision and hearing screenings, and speech/language assessments); and provisions for needed corrective services where child needs so dictate (Missouri Department of Education, 1985; White, 1988). The goals of the program include providing parents with knowledge of child development; helping them gain confidence in their child rearing practices; enhancing the cognitive, language, and social development of participating children; providing parents with information and skills to detect and reduce incidences of handicapping conditions in their children (particularly vision and hearing); and helping parents develop positive connections with the program, school, and community (Missouri Department of Education, 1985).

While the main emphasis is on reaching as many parents as possible with information and support for the developing child, *an emerging focus is on preventing handicapping conditions through early preventive health and developmental assessment strategies.* This emphasis is emerging in the work of most parent education programs and reflects the findings of research on effective parent education practices. **Prevention focused practices that appear to be most effective include:** early health assessments (comprehensive in nature and initiated with the birth of the first child), continuing child development assessments (matched with parent activities to use with the child that are directed toward particular developmental needs), involvement of parents in locating and using community and parent networks that have essential resources for promoting healthy child development, and the use of delivery systems that assure the participation of parents in program activities (Pfannenstiel & Seltzer, 1989).

Utilizing a combination of school-based services (lending library centers, group training sessions, access to medical, social, and psychological services, and other parent child supports) and home visit strategies, the program has been able to achieve very high participation among parents. Not surprisingly, research findings on the program indicate that the most effective efforts have been with parents involved in both the school-based and the home-based activities and services. In particular, Pfannenstiel & Seltzer (1989, pp. 15-16)) found that their "analyses provide support for the belief that **high quality parental involvement with the parent educator during home visits is the single most important aspect of the PAT project,** and it accounts for increases in children's abilities." This finding is reinforced by the observations of other parent education programs. What appears to be most critical is that programs structure their efforts toward close, supportive, and continuing interactions with parents. It also appears that effectiveness with at risk populations is increased through personal attention to the needs of children and parents through the intimacy generated by delivery systems like home visits (Powell, 1990).

Another effective practice that has been observed over an extended period of time is that of **parental involvement in shaping program content and in teaching, learning, and supporting each other in becoming capable in the child rearing capacity** (Elwood, 1988). One of the most striking features of *Minnesota's Early Learning and Development Program (MELD)* is its outreach to parents of different contexts and needs. The structure of the program is indicative of the parent participation philosophy. **Parents learn with and from each other** in peer/self-help groups. The groups are facilitated by experienced parents who have been trained but who also are seen as peers by the other parents. Groups last two years, beginning during pregnancy and continuing through the child's second year. The parental involvement in goal setting, providing leadership through peer mentoring, and supporting each other through networking are program strengths identified over ten years of research on the program (Engstrom, 1988). Local programs in Minnesota have achieved impressive results:

*Parent participation in group meetings was very high.

*All of the children of participating parents received well-baby checkups.

*97 percent of the children were free of serious accidents while in the program.

*Participating children generally exceeded the criteria for healthy development for their age as compared to other children.

*89 percent of the children in the program had updated immunizations.

Three important observations have emerged from Minnesota's parent education experience that are of special significance to all program developers: involve parents early in the pregnancy in prenatal and parenting preparation experiences; capitalize on parents' leadership potential through the use of training parent mentors to guide local parent groups; and provide multiple ways for parents to access child information and services (Engstrom, 1988).

The *child information content* of programs usually focuses on the developmental needs of children at different stages of development and the corresponding information and skills parents need to effectively meet these needs. For example, the *Syracuse University Family Development Research Program* focused on assisting parents in acquiring and refining infant nurturing skills. **This focus on "social competence" between parent and child is a prevalent theme in programs that hope to nurture young families toward healthy life styles.** The goals of the Syracuse Program provide a sound conceptual framework for all programs hoping to meet parent-child needs at this early point in the family's development (Lally, Mangione, & Honig, 1988, p. 82):

> The goals of the parent outreach component were to support a rich quality of family interactions and increase family cohesiveness. Home visitors encouraged an intense mother-child relationship that involved affectionate bodily loving contacts, yielding to children's needs for self-comforting activities, and responding positively to a young child's efforts or productions to learn.

Another example of this focus on supporting parental competence in developing healthy and supportive relationships with infants is the *Prenatal/Early Infancy Project.* A major emphasis of the program is on helping parents develop attachment relationships with their infants, hopefully precluding risk factors that emerge in unhealthy parent-child relationships (Olds, 1988). Parental involvement in learning how to effectively relate to the infant and toddler was the theme of the *Child Survival/Fair Start Home Visiting Program* (Larner &

Halpern, 1987). Beyond attempting to engage high-risk mothers in acquiring knowledge on essential health and development needs of their infants and toddlers, the program aimed to empower the parents by helping them learn how to become their child's lead teacher. Staff made the following observations on the influence of the program: positive changes in parent behaviors with the children, an increase in mothers who breastfed their children, and an increase in mothers who provided safe and interesting home environments in which children could explore (Larner, 1990).

As children grow and develop the content of programs changes to reflect these new needs. **However, a common thread in the different programs is the focus on providing parents with information on children's total development.** Typically, this includes information, skills, and active experiences related to the child's physical, social, emotional, language, intellectual, and spiritual development (Swick, 1991).

Throughout the early childhood years parent interest is very high in learning about social competence skills that can enhance the parent-child relationship and the harmony of the family in general. Cataldo (1987) notes the following as areas in which parents consistently express an interest in acquiring information:

*Communication behaviors of children that are appropriate for their development and how these behaviors can be encouraged.

*Parent-child communication behaviors that foster warm, positive, and happy family relationships.

*Child social skills and behaviors as appropriate for their development and ways to encourage and teach these skills.

*Social skill areas such as peer relationships, appropriate play behaviors, child care and school adjustment, self confidence, and self care skills.

*Distress and conflict strategies and understandings that can promote children's self confidence and sustain parent and family harmony.

Children's language development (and how to support it) is another prominent content area in programs. The *Mother-Child Home Program* used Visual Interaction Stimulus Material (in the form of a toy or book taken into the home) and corresponding parent training activities to encourage language, social, and cognitive development in toddlers (Levenstein, 1988). Other programs like *Parents As Teachers* and *Home Instruction for Preschool Youngsters (HIPPY)* include language and cognitive enrichment activities as important parts of their programs (McClellan, 1992).

Discipline is probably the most popular parent education request during the early childhood years. Unfortunately, this content area is too often equated with punishment. Effective practice dictates that the positive and nurturing aspects of discipline receive major attention when addressed. A variety of effective approaches are cited in the literature and used in various programs. *Parent Effectiveness Training (PET)* is one program reviewed frequently and used with some success. It relies heavily on the use of interpersonal communication in resolving problems between parent and child. Active listening is the primary strategy used in this approach. Effective practice points to the combination of knowledge, skills, and reflective-adaptation of this approach within each family situation (Cataldo, 1987).

Information on children's health and development is a vital part of any effective parent education program. The content of effective programs is interrelated with specific health services for children and parents. Parents are encouraged to see themselves as role models and to address their own health needs as well as their children's. *A preventive focus on being drug-free, practicing healthy prenatal care, and preparing a safe and healthy environment is essential* (White, 1988). The "National Health Goals" of reducing infant mortality, reducing low birth weight, and increasing the use of available health care services provides an excellent initial focus for programs (U.S. Department of Health & Human Services, 1992). Content emphases for the early years include: preventative care for infants and toddlers, safety, nutrition, positive social and emotional climate, and the development of good family health habits.

Promoting children's interest and competence in being active learners has been a historically significant content area of parent education. Unfortunately, the stress to get children ready for school has often promoted distorted and/or inappropriate ideas about meaningful roles for parents in having a positive influence. *Research on what content is effective in helping parents promote appropriate learning experiences for children indicates the following themes offer the most viable framework for parent educators* (Hamner

& Turner, 1991).

Thematic Areas For Promoting Appropriate Parent Involvement In Children's Early Learning

Stages of Development	Theme
Infancy	Attachment, Trust-Building, Safe-Secure Environment, Natural Learning Opportunities (Physical, Social, Perceptual, Cognitive, Language), Parent-Infant Play.
Toddlerhood	Child-Proof Learning Areas, Promoting Autonomy, Self-Help Skills, Social and Intellectual Learning, Language Stimulation, Encouraging Curiosity.
Preschoolers	Nurturing Curiosity, Using Appropriate Play Materials, Parent Involvement in Child's Learning, Family-School Linkages.

Selecting child care for the preschool child has become a major parent education concern. With the emergence of two-parent working families and a rise in single parent families, this need has become a significant part of most program designs. Most parent education efforts now include information on what to look for, how to evaluate child care centers, and how to best manage the family-child care relationship (Swick, 1991). Likewise, **programs now address the "transition to school" issues that parents and children confront.**

A synthesis of the research on effective parent education practices that focus on involving parents in positive ways of supporting their children's development and learning is reported as follows (Cataldo, 1987; Powell, 1989; Swick, 1991; White, 1988).

Effective Parenting Practices That Focus On Child Development And Learning

*Preventive health care practices like proper prenatal care, infant health assessments, proper nutrition, positive emotional parent-infant attachment, and provisions for a safe home environment.

*Positive social development practices like attending to children's developmental needs, responding positively to children's interests, modeling and nurturing proactive social skills, and promoting positive parent-child social interactions.

*Supportive child learning behaviors like involving children in active experiences with their environment, encouraging language development experiences, promoting children's curiosity, and relating to children's interests in nurturing ways.

*Positive discipline practices like promoting positive self esteem in children, modeling appropriate social behaviors, guiding children's behavior toward positive problem solving, and encouraging prosocial behavior in children.

*Placement of children in nurturing, safe, and stimulating preschool child development centers, and maintaining close relationships with children as they experience out-of-home care.

*Positive involvement in children's transition to school activities like maintaining communication with the child's teacher, taking an active interest in children's school experiences, and supporting their learning through home-based activities.

Literacy/Training & Adult Education: Early childhood parent education has historically valued the involvement of parents in adult education, literacy enrichment experiences, and job training programs. The basic premise of this value has been that educated parents (particularly parents that are actively involved in some form of educational endeavor) are more capable of gainful employment, better able to meet the family's needs, and are more supportive of their children's education (Gordon, 1975). Research supports this premise, at least in terms of observations made with regards to the influence adult education and job training have had on parents' ability to better function as family leaders and as models for their children. Traditionally, parent education confined its role in this effort to that of being a source of referrals, helping parents get in contact with adult education/job training services and programs. However, with the changed social and economic contexts in which parents and families function, this limited role is no longer adequate. A more comprehensive approach to the integration of adult learning in parent education programs has been advocated.

Head Start promoted the practice of addressing the comprehensive adult education, training, and literacy needs of parents, especially those in at risk environments. Exemplary programs provided literacy services such as enrolling parents in reading courses, English as a Second Language courses, and other literacy enrichment experiences. It also placed parents in job training programs and encouraged many parents to complete high school. In addition, *Head Start* developed a "career ladder" program where parents could pursue experiences and education toward becoming child development teachers (Gordon, 1975). Staff observations and other research indicate this component of *Head Start* was effective in (McClellan, 1992):

*Increasing parent participation in adult education courses.

*Increasing the level of education of participating parents.

*Engaging parents in various job training programs.

*Providing parents with needed supports so that they could take advantage of adult education courses.

*Helping parents take on a leadership role in strengthening the family's literacy habits.

*Increasing parent self confidence in approaching new learning and problem solving situations.

*Increasing parent interest in their children's education and development.

Within parent education programs the most prevalent form of meeting parent literacy and adult education needs is through collaborative relationships (joint program offerings, referrals, and co-sponsorship) with other agencies and/or intra-school units (Powell, 1988). In particular, *Parent-Child Centers, Family Resource Centers, Family Literacy Centers,* and *Family Education Centers* have emphasized the adult literacy/education and job training component of their programs as a means of empowering parents and the entire family (Johnson & Breckenridge, 1982; Nauta & Hewett, 1988). These services have taken different forms: general family literacy activities, enrollment in adult education courses, participation in job training/placement programs, and support for parents so that they can participate in these services (McClellan, 1992).

While the involvement of parents in adult literacy and education experiences has been a major concern of schools and agencies, *the need for attention to this aspect of parenting has increased with the rise in youth unemployment and with the increased demand for more sophisticated job skills.*

The William T. Grant Foundation's Report on "The Forgotten Half" (1988) highlights this need:

> By 1986, 32.6 of every 100 families headed by persons under age 25 were poor more than double the rate in 1967 (15.3%) and triple the rate in 1986 (10.9%) for all American families.

Poverty, illiteracy, and chronic unemployment are not only devastating to the family but also act as a cancer on the society. The urgency of the need for more and better educated people has influenced the nature and substance of parent education programs. At a minimum, most programs are providing referrals to adult education. *In a more focused sense some programs are including literacy training, adult education, and job training as integral parts of their efforts* (Swick, 1991).

Research indicates that four aspects of the Literacy/Training and Adult Education component of parent education have positive consequences for parents, children, and families: Parent-Child Literacy Training and Support, General Adult Literacy Enhancement, Adult Education Courses, and Job Training (Edelman, 1990; Hayes, 1989; Weiss & Jacobs, 1988).

The *Family Literacy Project* (Hayes, 1989) is an exemplary early childhood parent education program that addresses adult literacy and education needs effectively. **Parent-Child Literacy Training** is addressed through two modes: *Parent Time* and *Parent and Child Time*. The overall goal of this part of the program is to reinforce and strengthen the family's literacy habits. A special emphasis is on the parent as the primary teacher of the child. Hayes (1989, pp.

10-11) describes the essence of *Parent Time* and *Parent and Child Time.*

> During PT, the group consisting of parents, teachers, and any resource persons designs programs of interest to study and discuss. These sessions usually are scheduled in the early afternoon for a period of about 45 minutes of time. PT topics include, for example, child nurturing, managing and coping with child behavior, community resources, communication between parent and child, spouse abuse, and job and educational opportunities.
>
> During PACT time, the parents and their children are involved in preschool activities that stimulate and reinforce interaction within the family. The program has two distinct parts: one in which the teacher models working with children while parents observe; and one in which the parents work with their children as teacher in activities planned by the children.

The impact of these family literacy experiences on parents and children was quite distinct (Hayes, 1989, p. 19):

> *The home setting changed significantly for many families* as reported anecdotally and in interviews. Parents and other teachers told instances of changes in older children in the families as a result of the program. Most parents say they can tell their family the importance of education now that they have returned to school. One mother said: "I used to not read to my children. Now I read to them all the time."
>
> Another mother said: "Before this program I was sitting at home, bored, with nothing to do. My child was sitting at home, bored, with nothing to do. I was afraid to let him out of the house because I was afraid he would be hurt. We are different now.

General Adult Literacy Enhancement is promoted in three ways: offering parents many informal learning experiences, providing parents with literacy materials (and training), and helping parents access community literacy resources such as library usage. Data from the *Family Literacy Project* indicate that many parents took advantage of these opportunities and that the influence was positive on them and their families. Parents reported engaging in more reading activities and becoming involved in more learning experiences with their children. Of utmost importance, they increased their use of the public library (Hayes, 1989).

The *Family Literacy Project's Adult Education Curriculum* is highly individualized and based on the specific needs of each parent. Hayes (1989, p. 9) describes the basic curriculum approach used:

> The parents are assembled as a group because of their common quality as parents of children who are three or four-years old, not because of their academic functioning or goals. Consequently, there is a wide variety of levels of skills, abilities, and interests among the class members. The teacher prepares individual learning programs for the adult students who range in academic capability from non-reading to levels near those needed to pass GED exams. The teachers develop individualized plans using the academic diagnosis of student traits and the goals and needs of the students. The adult students spend about three hours each day in academic study.

One observation noted by staff and parents that has importance for effective practice is that *the natural grouping of parents together in working toward educational achievements* ***created a setting where networking and support emerged to function as a motivation for parents to persist in their endeavors*** (Hayes, 1989). The combination of having a professional (often the parent educator) who believed in them and having mutually supportive relationships with other parents made the difference for many parents. Gains in self confidence, independence, and control over the environment as well as educational achievements were noted by the project evaluator.

> Almost all parents who made a commitment to the program, and their children, demonstrated significant gains in self concept and independence of functioning. All parents reported greater sense of control over their lives and greater sense of direction.

Parent performance (completion of GED requirements and scores on the TABE) indicates a high success rate in achievement of their adult education goals. While not fully developed yet, the **Job Training** component of the program has noted some initial success stories.

The *Avance Parent-Child Education Program* is another example of an effective approach to addressing the multiple and complex literacy/training and adult education needs of parents (Rodriguez & Cortez, 1988). The program aims to prevent or alleviate a plethora of risks that place children in a poor position to benefit from school through a family empowerment approach. Utilizing a comprehensive design, *Avance* has developed several "programs within a program" to address the different needs of teen parents, abusing families, economically disabled families, and other such risk situations. Two parts of the program address family literacy and adult education and economic opportunity needs: The Parent-Child Education Program and The Educational Opportunities and Economic Development Program (Rodriguez & Cortez, 1988). The Parent-Child Education Program promotes positive parent-child literacy experiences through training parents on appropriate child development skills and involving them with their children in literacy enrichment activities. The Educational and Economic Opportunities Program engages parents in a variety of learning experiences ranging from GED courses to learning English as a second language. It is also exploring job placement and collaborative educational and training programs with local business leaders. **Of special significance is the support system the program has designed to encourage and promote parental involvement in adult education and job training/work experiences.** Transportation, child care, counseling, financial support, and other supportive strategies have enabled many high-risk parents to achieve educational goals not reachable under normal community conditions. In addition, **the project has found that increased parental competency (completion of school, parent education attainment, job placement) does influence parental relationships with their children in positive ways** (Rodriguez & Cortez, 1988).

Research findings from *The Family Literacy Project* and the *Avance* program as well as from other projects provide insights such as the following.

Effective Literacy Training/Adult Education Practices

*Engaging parents and children in *family literacy activities* (reading, language activities, parent-child play time, field trips, and other activities.

*Involving parents in acquiring *basic literacy skills* like learning to read, problem solve, and manage daily life activities.

*Helping families acquire and use *literacy resources available in the community* (library, zoo, other community resources).

*Providing *literacy resources through lending libraries, home visits,* and through other school-family-community partnerships.

*Enrolling parents in *appropriate adult education and/or job training courses.*

*Developing a support system that *enables parents to participate in adult education and job training programs* like transportation, child care, locating courses close to parents, providing financial support, offering support and counseling services.

*Organizing *collaborative training and apprentice programs* with business and industry.

*Creating *"parent teams"* that emphasize peer support as an integral part of achieving adult educational goals.

*Organizing *job placement services* in collaboration with other community agencies.

Three important findings on the interrelationships between Parent Education and Adult Literacy Training and Education indicate that the integration of adult educational and economic training with early childhood parent/family education will intensify in the future: *child literacy and school functioning is strongly influenced by parental participation and achievement in education; parental competence in family leadership roles is closely linked to their ability to function effectively in the job market; and parents who participate in literacy and educational activities reinforce this value in their children* (Hayes, 1989;

Rodriguez & Cortez, 1988).

Child Services: A majority of early childhood parent education programs now include a variety of services for children. These services are usually integrated into program activities where parents are engaged in learning how to continue the services when the program ends. Services are typically offered in three areas: Developmental Screenings, Health, and Direct Educational Services (Weiss & Jacobs, 1988). Two premises are at the foundation of the "Child Services" component: by providing direct services such as health and education to children many risk factors can be prevented, and by involving parents in the delivery of these services new and positive parent-child relationship patterns can be introduced and reinforced (Powell, 1989). Several exemplary efforts exist with regards to how programs approach this process.

The *Parents As Teachers Project (PAT),* for example, provides intensive services and parental guidance relative to meeting children's basic developmental and health needs. Developmental Assessments are conducted with children beginning shortly after birth and continuing through the third birthday. Some programs continue these services through the child's fifth birthday. These assessments are comprehensive, including analysis of children's social, language, cognitive, and motor/perceptual development. Health Assessments are also conducted on a scheduled basis and include a complete medical examination (inclusive of hearing and vision checkups) and appropriate immunizations. Based on data acquired from the assessments, Direct Educational Services are planned. These occur in home visit work with parents and in group sessions with parents (as well as in weekly play group sessions with the children). A consistent pattern in the *PAT Program* is the integration of child services with parent education (Evaluation Summary, NPAT, 1985).

The interrelating of parent education with direct services for children (health, developmental assessments, and appropriate educational experiences) has proved effective in the *PAT Program* (Evaluation Summary, NPAT, 1985):

*NPAT children scored significantly higher on all measures of intelligence, achievement, auditory comprehension, verbal ability, and language ability.

*NPAT children demonstrated significantly more aspects of positive social development than did comparison children.

*NPAT parents were more knowledgeable about child-rearing practices and child development than were comparison parents.

One of the most significant findings of the program was that traditional risk factors like family income and parent employment status could be successfully addressed. Children from all socioeconomic levels performed well in school.

Several home visit oriented early childhood programs provide direct educational services. *Home Start*, for example, included health and nutrition services for children as a part of the parent education lessons carried out during the home visits. A distinct advantage of integrating child services with parent education activities is that parents are guided toward using these practices on a regular basis with the entire family (Grogan, 1976; Swick, 1993). Programs like the *Mother-Child Home Program* (Levenstein, 1989) emphasize educational support for the child as a part of the home visit process. The home visitor demonstrates a skill by teaching the child and then having the mother practice the same skill or activity with the child. In effect, both members of the dyad are taught to teach and learn from each other.

A plethora of combination delivery systems (where center-based and home-based strategies are used to complement and reinforce each other) are deployed to engage children in educational, social, and health services. The most prominent design is the use of *Child Development Programs* along with scheduled home visits and group meetings with parents of 3 and 4 - year old children. Children in these programs are involved in developmentally appropriate learning experiences in center-based settings. These experiences are reinforced through home visits and small group meetings where parents learn skills to use with their children. Health and Developmental Assessment services are offered in multiple combinations. *Typically, most programs offer prevention services through interagency arrangements for children in the birth to 3-year range.* Exemplary programs are family-centered and involve the parents in all phases of the program. Program evaluation on Direct Child Services as they are delivered within various program designs indicates a plethora of success characteristics:

*Prevention services in health and nutrition reduce the risk of serious problems later in life, *particularly when such services are initiated at birth and continued throughout the early childhood years* (Olds, 1988; Powell, 1989).

*Comprehensive developmental screenings of children that are effective in identifying and addressing individual risk factors (social, language, cognitive) do have a positive influence on children's learning and development (Dunst & Trivette, 1988; White, 1988).

*Direct educational services delivered in home and center-based programs have had a positive influence on children's social competence, language development, cognitive development, and general school readiness skills (Weiss & Jacobs, 1988).

Exemplary early childhood programs have found the following essential child services to be effective (Powell, 1989; Weiss & Jacobs, 1988; White, 1988).

Effective Child Services Practices

**Provisions for continuing preventive health care services* (inclusive of immunizations and comprehensive health assessments) beginning at birth and continuing throughout the early childhood years.

**Involvement of parents* in positive loving relationships with their children.

*Providing children (beginning at birth and continued throughout the early years) with *comprehensive developmental assessments and needed follow-up services.*

**Involving children and their parents* in safe, stimulating, and developmentally appropriate learning experiences, in home and/or center-based child development programs.

Only a few early childhood programs have provided these comprehensive child services from birth through five years of age. The *Brookline Early Education Project (BEEP)* provided a comprehensive system for addressing child needs (Tivnan, 1988). Based in a public school, it offered an example of how educational, health, and developmental services can be delivered to children (and their parents) from the preschool years into the early elementary grades. The main characteristics of *BEEP* were as follows (Tivnan, 1988):

*It was a birth to kindergarten operation, spanning the entire preschool period.

*It was family oriented, on the premise that the family is the primary educational influence on the child.

*It was multidisciplinary in approach, involving educators, pediatricians, psychologists, and other specialists.

*It was racially and economically heterogeneous in its enrollment.

*It included a comprehensive evaluation component.

During the period birth to two, the child's educational and developmental needs were met by educating parents on appropriate child-rearing practices through combination home visit and small group meeting strategies. Diagnostic monitoring was frequent (carried out at age 2 weeks, 3, 6, 14, 30, and 42 months, and entry into kindergarten) and comprehensive. Tivnan (1988, p. 224) describes the essence of the process used:

> A multidisciplinary team consisting of a pediatrician, a developmental psychologist, and a nurse conducted vision, hearing, physical, neurologic, and developmental exams. Parents were encouraged to observe the exams. Results were shared with them verbally and in writing.

Weekly center-based "play groups" were begun at age 2, and at ages 3 and 4 daily morning child development classes were provided. The "play groups" and child development programs were exemplary, using small groups and a developmentally appropriate curriculum of language, social, cognitive, motor, perceptual, and other exploratory learning activities.

School readiness and success were desired outcomes of the BEEP Program. Evaluation results indicate significant progress was made with the children who were with the program from birth through the early elementary school years

(Tivnan, 1988). *BEEP's* message is an important one, that children's learning and development can be effectively supported through comprehensive child and family services that begin at birth and are continued throughout the early childhood years. Other programs like *Parents As Teachers, The High Scope Preschool Program, Head Start,* and a plethora of other child and family oriented efforts have found similar positive outcomes.

Parent/Family Services: Early childhood parent/family oriented programs have a long history of recognizing and addressing the various support needs of parents and families. For example, *Head Start's* comprehensive design includes multiple services that are parent and family oriented: health, counseling, nutrition, social, economic, medical/dental, and other prevention and corrective supports (Swick, 1993). *South Carolina's Target 2000 Parent Education Program Design* includes three critical service areas: Direct Parent Services, Direct Family Services, and Referrals. A review of the literature indicates that other programs also organize their services in this manner (Weiss & Jacobs, 1988).

The basic premise of this component is that by addressing the critical support and developmental needs of parents and families during the early childhood years, the family's ability to benefit from educational experiences is strengthened (Powell, 1988, 1989). While the Parent/Family Support component has been a part of programs for many years, it has gained new significance and attention due to the emergence of more complex and stressful family conditions. As Powell (1989, pp. 13-14) notes, this new and more comprehensive focus on the total family ecology is now being pursued with a new intensity.

> In the 1980's many early intervention programs broadened the focus on parents to include family support. This shift represents an emerging direction in the early intervention field wherein the social context of parenthood, including interactions between the family and its larger environment, is a target of change. Environmental influences on family functioning such as housing, employment, extended family relations, and health care are among the areas of interest in intervention programs focusing on the ecology of family life.

There are several examples of the emphasis on parent/family support in parent education. Direct Parent Services are provided in the areas of prenatal care, health care, medical attention, social support, and in enabling modes (for example, transportation) that allow parents to use these services. Given the diversity of parent needs, many programs try to match services to the needs of their parents. Other programs focus on the needs of a specific population's risk attributes.

The *Prenatal/Early Infancy Project (PEIP)*, for example, focused on improving the outcomes of pregnancy and early childrearing among socially and economically at risk mothers (Olds, 1988). Utilizing a home visit system and a strong interagency collaboration program of services the program provided many direct parent services (Olds, 1988, p. 240):

> The aim of the program was to prevent a wide range of childhood health and developmental problems by *improving the life-course development, social resources, health habits, and caregiving skills of the children's parents*. The specific problems targeted for prevention

> included prematurity and low birth weight, growth and nutritional problems, accidents, ingestions, selected illnesses associated with stress and quality of caregiving, cognitive delays, behavioral problems, and child abuse and neglect.

Olds (1988, p. 244) describes one way in which the program hoped to influence the child's health and the family's total system through direct services to parents:

> The program was designed to meet the needs of parents for information, emotional support, and the relief of life stress to address simultaneously those factors that undermine parents' personal achievements, health habits, and care of their children.
>
> We hypothesized that the influence of the program on children, in general, would be mediated by improvements in maternal health habits and caregiving. To the extent that the nurses were successful in encouraging women to reduce the number of cigarettes smoked during pregnancy, for example, the newborn would be less likely to be of low birth weight. Since smoking is linked to anxiety and stress, however, we reasoned that it was important to determine whether the nurses were successful in enhancing informal social support, linking families with needed services, and decreasing maternal psychosocial stress.

Of special significance, ***the project found that high-risk mothers benefited the most from the intensive intervention, particularly with regards to their health habits.*** It was also noticed that in the "home visited group" there was a marked decrease in child abuse. Olds (1988, p. 258) notes:

> Significant improvements also were detected in the life-course development of the young women

> themselves and were reflected in outcomes such as reduced subsequent pregnancy and increased labor force participation.

Another program that focused on parent/family support services was the *Family Matters Program.* In particular, *this program helped to strengthen the family by increasing parental effectiveness in relating to their various support systems*. The goals were (Cochran, 1988, p. 27):

*To find ways to recognize parents as experts, based upon the assumption that parents brought strengths and special expertise to childrearing.

*To exchange information with family members about children, the neighborhood, community services, schools, and work.

*Reinforcement of, and encouragement for, parent-child activities.

*Stimulating social exchange beyond, rather than within, the immediate family: the exchange of informal resources like babysitting, child rearing advice, and emotional support with neighbors and other friends.

*Facilitate concerted action by parents on behalf of their children.

The program used home visiting and cluster group meetings to pursue the family empowerment process. Content emphases included: parent-child learning activities, childrearing strategies, various home learning activities, information on health care (along with referrals where needed), and other resources supportive of parent and family empowerment.

The *Family Matters Program,* like other recent parent/family support efforts, found that "diversity of delivery systems" as well as effectively relating the way in which services were delivered to the needs and situations of parents, strengthened the program's integrity. Another "effective practice" of the program was the adaptation of program emphases to the changing developmental needs of parents and families as they became older. These practices had a very positive influence on empowering parents as Cochran (1988, p. 29) notes:

> The initial change appeared to involve parents' perceptions of themselves. Some of the mothers who viewed themselves quite negatively early in the life of the program showed signs, over time, of beginning to believe in and look after themselves in new ways. Another phase seemed to involve relations with others - new efforts to reach out to spouse and child, and also to relatives, neighbors and friends outside the family. A later change involved action on behalf of the child.

Cochran further notes that in many cases the program seemed to "prevent" parents and families from becoming engrossed in pathologies. **In a sense, helping parents avoid deterioration of the family's functioning is as critical as enabling them to advance.** The positive approach used in this program has proven effective as assessed by parents, staff, and allied helpers.

A more recent effort that emphasizes the strengthening of parent/family systems through proactive strategies is the *Family, Infant, and Preschool Program (FIPP).* The focus of FIPP is guided by a philosophy that is called *Proactive Empowerment Through Partnerships (PEP).* This model places major emphases on three strategies (Dunst & Trivette, 1988, p. 160):

*Identifying and strengthening child and family capabilities using a proactive rather than a deficit approach.

*Enabling and empowering parents with the necessary knowledge, skills, and resources needed to perform family and parenting functions in a competent manner.

*Using partnerships between parents and professionals as the means to strengthen, enable, and empower families.

In carrying out this empowerment approach the program has stressed the role of the parent in identifying critical parent/family support needs as the basis for creating a positive and meaningful plan and program of activities. Research findings generated through analyses of parent functioning within the program indicate this emphasis on parental involvement is highly effective. Dunst & Trivette (1988, p. 166) note:

> The relationship between family resources, well-being, and adherence to prescribed regimes would indicate that, before parents are asked to carry out child-level interventions, efforts to meet more basic family needs must be made in order for parents to have the time, energy, and personal investment to work with their own child in an educational or therapeutic capacity.

Another important finding of the PEIP's empowerment approach was that **many parent and family services were best mediated by informal social resources present within the family's ecology.** Program strategies promoted "parent involvement" in organizing, deploying, and integrating needed services into the family's system. *Effective practice, as highlighted by the findings of Dunst & Trivette (1988) and other programs (Weiss & Jacobs, 1988) strongly suggest that parents be integrally engaged in identifying parent and family support needs as well as being key leaders in actualizing the support process.*

Increased parent contacts with their child's teacher and their overall increase in family support activities indicate the *PEP* approach certainly had a positive influence on the family's relationships, particularly with the school. A major strength of the *FIPP/PEP* program is its focus on increasing the family's ability to manage their daily functioning.

Recognizing the complex and varied needs of families with young children, some programs have focused on providing multiple Direct Family Services. One such effort was the *Child and Family Resource Program (CFRP).* As an extension of *Head Start*, this program was developed with the recognition *"that a child is unlikely to benefit from cognitive stimulation if other factors such as hunger, illness, or disability in the family are ignored and that child development services are most effective when offered in the context of a full range of family support services* (Nauta & Hewett, 1988, p. 389). Also, in recognition of the need for family support throughout the early childhood years, the program served low-income families with children not yet born through age 8. All of the family's needs were addressed within a well coordinated interagency program.

Two premises of the *CFRP* program were that each family is unique and that "advocacy" for families through activation of existing support services was essential to the program's success. Services provided by CFRP included: housing, child development, job training/placement, counseling, parent education, social services, and other services. While difficult to evaluate due to the breadth of program services, ethnographic data collected from the various CFRP sites provide important information on the potential outcomes of this component of parent education (Nauta & Hewett, 1988, pp. 400-401):

> The support services offered by CFRP had far-reaching effects on families. The staff marshaled services from multiple agencies in its efforts to work out comprehensive solutions to families' problems. One parent called CFRP an "ace in the hole," because it gave her one place to turn to for help in times of need. CFRP staff were "advocates" for families and brought some measure of rationality, coherence, and personal concern to an otherwise confusing and impersonal system of social services, and CFRP always worked from the perspective of families.
>
> A higher proportion of CFRP mothers was employed and/or in school or job training than mothers in the comparison group after 3 years in the program, even in sites hardest hit by the recession of the late 1970's and early 1980's.

Perhaps the most consequential finding was that parents gained an increased sense of control over their lives. Major positive shifts in parent attitudes and behaviors were noted by staff and program evaluators. **Effective practice data that emerged from research on the program included:** the use of a diversity of delivery systems is essential, especially when working with high-risk families; consistent, active participation of families is crucial to their benefiting from the program; parent/family input in the goal setting and implementation process strengthens the effectiveness of family services; and organized cooperative interagency efforts are critical to this approach to family support (Nauta & Hewett, 1988).

Additional and very important observations on "lessons learned" from the *CFRP* program are noted (Nauta & Hewett, 1988, pp. 401-402):

> To effectively provide both support services and first-rate developmental services is costly, requiring a decrease in worker case-loads (from an average of 20 families), an increase in home-visit frequency (from once a month or less), more extensive child-development training for mostly paraprofessional workers, and increased staff supervision.

A synthesis of the research on effective practices within parent/family services is provided as follows.

Effective Practices Research: Parent/Family Services

**The earlier and more intensive parent and family services are provided,* the more effective they are in strengthening the parent/family system.

**Direct parent services that are prevention oriented* (prenatal care, health education, nutrition services, and other services) are most effective in increasing parental control of their environment.

*Direct parent services are *most effective when they are mediated through trusting and supportive relationships with staff and/or close adult friends.*

**The "active involvement" of parents (and other family members) in the total family service process* is crucial to helping the family gain a sense of autonomy.

**The "matching" of services to family-perceived needs* is critical to the success of the service activities.

*Comprehensive, well-organized, and contiguous parent/family service efforts *require a highly coordinated and case-management interagency system.*

**A diversity of delivery systems and parent/family involvement modes* is essential to achieving high rates of parent/family participation.

*Parent/family services are most effective *when integrated with parent and adult education, and with direct child development services.*

**The use of parents' informal support system (close, trusting friends) in activating family support efforts* has proven to be quite effective.

*Effective practice requires that family service activities *be responsive to the changing developmental and context needs of parents and children.*

**Advocating for families (actively assisting them in accessing needed resources)* through aggressive case-management/referral strategies is an effective family support tool.

Comprehensive, Integrated Parent Education Programs

The literature on effective practices in parent education strongly supports two important "system" practices: **the use of comprehensive parent/child family education and support strategies** throughout the early childhood years, and **the full integration of programs into the sponsoring group's organizational and operational ecology** (Dym, 1988).

If one critical lesson has been learned from the research on parent education, it is that isolated, limited strategies (child-focused only or parent-focused only) have minimal effect on parents, children, and families. **To achieve maximum influence, programs must be comprehensive, well planned, adequately staffed, and "balanced" with regards to attending to the diverse needs of parents, children, and families.** This comprehensiveness needs to be based on family-directed needs and guided by the realization that families are human learning systems that require nurturing in all areas of development. While specificity of intervention and direct actions are clearly needed to address the needs of families, flexibility of program responses to the diversity and intensity of such needs is also required.

Program effectiveness requires a delineation of purpose that is reflective of the families' needs and that is reflective of the community's commitment. Cultural, economic, social, and educational attributes and related context factors must be integrated into parent education planning.

The full integration of parent education into the sponsoring or

primary stakeholder's operating system must be a program goal. While there is value in the insights gained from pilot project efforts, the pursuit of strengthening families requires a total system involvement in this process. Otherwise, well designed and implemented program efforts are lost in the continuous refinement process that goes with exploratory project funding. Missouri's *Parents As Teachers* program provides an example of how the experimental process can be used in a manner that ultimately leads to integration of parent education into public school sponsored early childhood programs (White, 1988). Initially conceived of at the macro-level (Missouri Department of Education), the program engaged key professionals, parents, citizens, and researchers throughout its pilot phase, and pursued a strong advocacy role with public schools throughout the state. Currently, programs are moving toward full integration into Missouri's public schools.

Programs that are short-term or considered as "fringe" parts of the institution's functioning rarely achieve lasting influences on parents, children, staff, or on family-school relationships.

Emerging Directions For Effective Practice

Research (See Powell, 1988, 1989, 1990; Swick, 1991, 1992, 1993) has noted some program directions that can strengthen the integrity of parent-professional efforts to provide parents and families with quality services: addressing the individuality of parent/family needs and their unique learning and involvement styles; realignment of the traditional balance of power between program staff and participants; and increasing attention to parent/family social contexts. Each of these emerging emphases are briefly discussed as follows, with attention to additional issues as they impact the effectiveness of parent education programs.

The idea of matching program content and strategies to the needs and characteristics of parents and families has gained new momentum. It is a straightforward concept and yet vital to program effectiveness as Powell (1988, p. 6) notes:

> There are several indications of the field's current interest in the matchmaking idea. One is the shift from standardized to individualized programs. Increasingly, programs aimed at low-income and high-risk populations attempt to tailor the services and methods to the perceived needs of participants.

This concept of program-participant congruence is also being seen in attempts to be culturally and developmentally responsive to families' needs. Likewise, programs are exploring the use of more adult-oriented teaching and instructional strategies for use with parents (Swick, 1993).

The changing nature of parent-professional relationships is another emerging direction in parent education programs. Basically, the shift is toward more equal, collaborative relationships between parents and staff (Powell, 1989). The use of new language to describe staff roles such as facilitators, helpers, and supporters (as contrasted with traditional role descriptors like expert) is one indicator of this change. Further, the new emphasis is on approaches that capitalize on family strengths as opposed to family deficits. Recent advocates of more parental involvement in the development of family service plans point to the increased effectiveness of this approach in helping parents achieve autonomy of action as support for the move toward more equitable parent-professional relationships (Swick, 1991).

Beginning with the late 1970's, *new interest in the social context of parents and families gained continuing strength* (Weiss & Jacobs, 1988). In particular, program effectiveness is enhanced when education is combined with parent and family support practices (Powell, 1989). Research from the early evaluations of *Head Start* and other early childhood parent programs suggested that limited child-development strategies had minimal long-term influence on child and family functioning (Powell, 1988). Emerging from this research was a focus on the ecology of the child and family and attention to the varied needs of the parent/child/family system (Weiss & Jacobs, 1988).

Emerging Parent Education Practices: A Synthesis

Effective practices research points to several emerging strategies in the field of parent education: providing comprehensive services; engaging parents in intensive and ongoing program activities; capitalizing more on parent talents and resources; adapting program systems to the specific needs of particular parent populations; using diverse delivery systems to meet locally identified needs; moving toward more equitable parent-professional relationships; relying more on "networks", peer self-help groups, and other informal support approaches; and relating programs to the cultural values of the families being served. Interrelated with these directions is the belief that early prevention and intervention are essential to any long-term success in strengthening families. While some of these practices have been mentioned earlier in this review, they are included here to provide an inclusive picture of emergent directions in the field.

Comprehensive parent/family services are a prominent direction and practice in parent education. This practice is seen in various forms but its basic intent is to blend educational and support services into a system that empowers families. While the original impetus for Family Service Centers and other comprehensive efforts was to address the needs of high-risk families, *this practice is now seen as a preventive and enrichment service for all families* (Weiss & Jacobs, 1988). In its most responsive form, local needs, resources, and strengths are used to shape the program's system. A critical element in this practice is the collaborative planning and use of community agencies and resources.

The involvement of parents and families in intensive, continuing parent education services is another practice receiving renewed attention. In contrast to short-term efforts, current practice is emphasizing intensive involvement with parents/families, particularly at point in the participants lives where prevention efforts are most likely to have a significant influence (Boyer, 1991). Longer term programs (particularly where parents are involved in taking on ownership of the program), which often involve the use of multiple services and delivery systems, aim to empower parents and children with a life-system set of skills, attitudes, and resources that enable them to be productive throughout the life span (Dym, 1988).

The use of parents as resources for each other is one of the most *encouraging developments in parent education.* Cochran & Henderson (1990), in *The Family Matters Program,* successfully deployed this practice by helping parents organize and use their informal networks (inclusive of other parents) as major resources in strengthening their families. Powell (1989) also found peer sharing in parent discussion groups prompted many parents to form relationships that reached far beyond the program, enabling them to resolve many family issues. Parent mentoring (where parents guide other parents through informal supportive relationships), parent networks, and "parents as resource teachers" are examples of how this practice has been successfully used (Swick, 1993). This practice is a part of a broader effort to create more parent-directed programs. The belief is that most parents know better than anyone what their key needs are and are very capable of addressing these needs, especially when trained and sensitive professionals are a part of their support team (Dunst & Trivette, 1988).

Another promising practice is the adaptation of programs to the specific needs of different parent/family populations. Within the focus on providing families with comprehensive services is the emerging emphasis on meeting specific parent/family needs. Programs that have become more sensitive to the cultural, demographic, and contextual factors in their parent populations (and have adapted program strategies to these factors) have proven more effective in gaining parent participation and in meeting many parent-perceived needs (Cochran & Henderson, 1990; Powell, 1989; Swick, 1991; Weiss & Jacobs, 1988). The emergence of *microprograms* within comprehensive family support projects is one example of this trend. For example, many Family Service Centers offer programs for single-parents, parents experiencing abuse, prevention oriented services, help for unemployed parents seeking work, and many other need-oriented sub-programs (Swick, 1993).

The diversification of delivery systems is a practice that is rapidly becoming integral to the effective functioning of programs. For example, Cochran (1988) noted that when parents had access to multiple involvement systems their participation increased and their relationships with staff and other parents became more supportive. Diversity of parent education modes offer more parents more ways to engage in meaningful learning and support activities. A sampling of the array of strategies includes: group meetings offered at different times and in different places, home visit schedules that are planned collaboratively with parents, use of technology to reach a larger parent population, specially designed parent programs to meet the needs of sub-populations, informal parent networks, job counseling services, family resource libraries, adult training and education programs, and essential family support services that enable parents to take advantage of program offerings (Swick, 1992).

Case management and/or individual service plans designed with parent/family participation have been noted as increasing program effectiveness, particularly with regards to the needs of high-risk families (Dunst & Trivette, 1988). Three aspects of this effective practice that have received considerable support are: engaging parents in all aspects of the needs identification and program development process; development of a viable and resourceful interagency family service system; and the use of parent-directed strategies to achieve specific need (Dunst & Trivette, 1988). Specifically developed plans that address parent-perceived needs provide the framework for promoting parent and family autonomy (Cochran & Henderson, 1990).

Equitable and reciprocal parent-professional relationships are now accepted as integral to effective practice. The emergence (and success) of parent/family directed education and support practices prompted a new look at how parents and professionals relate to each other. The evolving picture is one where mutually collaborative interactions form the basis of parent/family programs. Parental involvement in leadership roles, parent goal setting, parent-professional contracts, and parent self-assessment are emerging strategies being used to implement this idea. Comer & Haynes (1991), Powell (1988, 1989) and Rich (1987) present convincing evidence that this new direction toward a partnership approach improves the participation and outcome variables in programs. Parents sense more ownership, respond in more positive ways, and change behaviors more effectively when treated as equal partners in the program process (Swick, 1993).

Parent mentoring and peer group teaming are practices that have gained increased support. Two things happen when parents join forces with each other: one, they acquire a new sense of being part of a group that is focused on children in a positive way; and two, they realize the potential talent that is present in themselves and others (Cochran & Henderson, 1990). There is another important dimension to these processes of mentoring and networking, that of enabling parents who have common cultural and contextual situations to address those issues in ways not likely to be viewed by others (Rodriguez & Cortez, 1988).

Effective Practices: A Summary of Strategies and Delivery Systems

The manner in which program activities (and the strategies used to implement them) are delivered strongly influences program effectiveness. The following are highlights from the literature on current practices that are proving to be successful in strengthening parent-program dynamics.

Home Visiting: One of the most prevalent delivery systems in the field, home visiting offers more opportunities for promoting family change because it is based on: one-to-one contact, application of ideas and strategies within the parents' real life setting, and it offers many trust building moments (Gordon, 1976; Powell, 1990). The emerging focus is on helping parents become leaders in the sense of providing direction for their children and themselves. The process today is *more collaborative, shared, and more interrelated with other family strengthening services* (Cataldo, 1987). The real strength of the home visit is that it brings the parent into contact with a hopefully sensitive and caring person who has the best interests of the family as their guiding force. Poor planning, lack of parental involvement, and poorly trained staff have been noted as inhibiting factors (Powell, 1990). An adaptation of the traditional home visit process is the *parent network and parent mentoring process.* In this process, as parents gain an understanding of home visiting they acquire needed training, and in turn carry out home visits with other parents (Swick, 1992).

Group Meetings: This delivery system provides an efficient but not always personal means of involving parents. Traditionally the group meeting has been used to provide large numbers of parents with new information. With the diversification of parent and family needs becoming a key concern, effective practice suggests adapting this system by using more small groups to address particular parent needs (Cataldo, 1987). Another adaptation of group meetings has been the move toward adult education instructional techniques and particularly the use of parents as resource persons (Powell, 1989). It has also been suggested that parents play a more important role in shaping the content and process of such meetings (Swick, 1993). *Parent discussion and study groups* have evolved from the group meeting system. This practice differs from the traditional group structure in that parents take the lead in planning and carrying out the programs. Research indicates there are several advantages to this approach: parents engage in the development of leadership skills, they often form networks with other parents that benefit them and their families, topics are more reflective of the changing needs of parents, and parents are more likely to participate because they have some ownership in the process (Powell, 1989). However, these parent-directed group meetings need solid leadership and indeed the successful programs have had the guidance of trained professionals.

Individual Conferences: This practice provides a means for close communication between parents and professionals, particularly when it is well planned and interrelated with other involvement modes. Effective practice calls for close involvement of parents in shaping the conference agenda and in providing continuing feedback on the effectiveness of the practice. Effectiveness is also enhanced when conferences are scheduled over an extended period so that the communication process is nurtured beyond simple information sharing. In far too many cases this delivery system is poorly used, with professionals dominating the stage and holding conferences only sporadically. Critical to this and other delivery systems is continuous training of staff on communication strategies and on planning and human relations skills (Cataldo, 1987, Swick, 1992).

Case Management: The move toward meeting individual parent and family needs has stimulated renewed interest in the use of case management as a means of more effectively supporting families. In a sense, *it is the umbrella for all other delivery systems.* It provides the reasoned framework by which parents and professionals can measure their effectiveness in achieving parent and family empowerment (Dunst & Trivette, 1988). The goal of case management is to develop a system by which the parent-professional team (and all family members) can pursue activities that truly meet needs that have been fully articulated by the parent-professional partnership. *By necessity this system involves the use of effective interagency and related family-environment planning and implementation.* Unfortunately, and as the research notes, in too many cases the case management process is poorly planned, fails to involve the parents in providing leadership on perceived needs, is only sporadically attempted, and often left unattended (Swick, 1993). *Effective practice points to three aspects of the case management process that make a positive difference in helping families meet their needs:* development of a systematic process for carrying out case management, involving parents in all elements of the process, and creating a functional interagency and family-community support process (Dunst & Trivette, 1988). Collaborative agency relationships that are based on regular planning and working sessions provide substance to delivering the multiple services needed. Likewise, *the organization of family support programs that are "close" to the families being served increases the likelihood that parents will become involved.* Case management systems need to maintain sensitive, flexible, responsive, and nurturing relationships between parents and professionals (Weiss & Jacobs, 1988).

Parents Involved In Classroom/Centers: Beyond the traditional mode of "passively" involving parents in their children's classrooms is a more powerful strategy, *one that purposefully engages parents in learning how they can become teachers of their children at home and school* (Hayes, 1989). The move toward maximum involvement of parents in their children's learning and development (and in their development as capable adults) is reflected in this participatory approach. Typically, parents first learn a child development skill or learning activity they can do with the child, and then go into the classroom and observe the teacher or parent educator doing it with the children. Ultimately, parents teach their child (and other children) the skill they learned. As parents become skilled in this process they take on a leadership role in helping other parents. Well planned efforts to involve parents in this process have noted that parents increase their overall involvement with their children.

Effective Practice: Potential Benefits of Parent Education

Determining possible outcomes of effective parent and family education/support programs is complex because of the nature of programs, the dynamics of parent participation, and the difficulties inherent in relating program treatments to parent, child, and family changes in knowledge, behaviors, attitudes, and skills (Weiss & Jacobs, 1988). Where possible, this review has included some of the findings on the influences of programs and practices on parents, children, and families. What follows is a brief synthesis of the various benefits possible when programs are comprehensive, well designed, and implemented with the best of effective practice.

Child outcomes have historically been a major concern of program evaluators and other stakeholders. The potential impact on children of high quality parent and family programs is highlighted in the research of Powell (1988, 1989) and Weiss & Jacobs, (1988).

*Short-term positive influences on children's intellectual ability and general school readiness have been noted in various programs.

*Quality programs have found an increase in children's language, social, cognitive, and analytic skills and development.

*An increase in children's healthy development (as mediated by proper maternal health education and services) has been observed in several programs.

*Children's understanding of their environment has increased through effective practices like field trips, home visits, literacy activities, and other modes.

*Social competence gains in children have been noted in programs where parents have been involved in child development training, family management skills, and positive discipline approaches.

Parent-child interactions are central to the goals of most parent education programs. Research suggests that parent education can positively influence parent-child relationships through well planned educational and support efforts (Swick, 1993; Weiss & Jacobs, 1988).

*Parent attitudes and behaviors for forming close attachment relationships with their infants and toddlers have been positively influenced.

*Parents have been noted to increase their interactions with children in positive ways as the result of involvement in parenting programs.

*Increases in parent knowledge on various aspects of child development have been noted in several programs.

*Parent educators have gained in their sense of the cultural identity of families and created more meaningful program activities to foster better parent-child relationships.

*Discussion group activities with parents have been successful in reducing negative parent behaviors toward children.

*An increase in parent attention to having positive home learning environments has been noted in the research.

Parent outcomes are, in many respects, the real substance of the education and support process. Gordon (1976) noted that whatever results in positive parent change has a built in, long-term influence on children. Powell (1989) and White (1988) review some of the more substantive possibilities of program influences on parents.

*An increase in parent abilities to have productive social and language interactions with their children.

*Improvements in parental knowledge of child development, particularly as related to developing appropriate expectations for children's behavior.

*More positive attitudes in parents toward children and their role in supporting children's growth and development.

In addition, recent research suggests the potential for influencing *the process behaviors of becoming a competent parent.* In this regard, Powell (1989), Cochran & Henderson (1990), Gordon (1975), Swick (1987, 1991, 1993), and Weiss & Jacobs (1988) report various possibilities.

*Improvement in parent self concept.

*Strengthening parents' personal self competence.

*Increasing parental involvement in school and community activities.

*Strengthening parents' problem solving skills.

*Increasing parental awareness of family strengthening strategies.

Family system outcomes have received considerable attention as they represent the means by which child and parent outcomes are eventually integrated into the family's life system. Walker & Crocker (1988) review the *family systems context* in relation to possible outcome factors. Five dimensions of the family system provide the framework that evaluators have used to determine positive influences: *structural, controls/sanctions, emotions/affective needs, cultural aspects,* and *developmental aspects.* Potential family system influences as noted in the research are reported as follows (Bronfenbrenner, 1979; Swick, 1993; Walker & Crocker, 1988; and Weiss & Jacobs, 1988).

*Improvements in the family's ability to structure itself for having productive relationships.

*Increase in family competence regarding sharing the control process so that members have a sense of involvement in each others' lives without feeling the need to control others.

*Strengthening the family's skills for better meeting each others' emotional and affective needs.

*Increasing the family's environmental resources in a direction that improves their ability to function autonomously.

*Strengthening the family's ability to better respond to developmental changes that occur over the family's life span.

Family stress management has become an integral goal of many parent education programs as a result of the increasing complexity of the lives of parents and children (Swick, 1987, 1993). The effectiveness of programs in meeting family stress management needs is reviewed by Weiss & Jacobs (1988). They emphasize that the following outcomes are best achieved in comprehensive and yet well designed efforts.

*Increased parent and family understanding of the nature of the stressors they confront.

*A strengthening of the support structure of the family for better responding to stress.

*Increased parent skills for dealing with specific stress such as relating to a child's handicaps or special needs.

*Enriching family resources for managing stress through preventive stress management activities.

*Expanding parent and family stress management resources through strategies like role playing, mentoring, and networking.

Social support outcomes of parent education have generally focused on increasing the family's ability to develop and maintain a viable family-environment relationship. Powell (1988, 1989) and Cochran & Henderson (1990) review the highlights of findings on this facet of parent education.

*Increased parent knowledge of available social supports in their community.

*Increased parent skills for accessing and using available resources.

*A strengthening of parent self confidence in becoming a part of their natural social support system.

*Increased parent abilities in developing and using leadership skills related to improving their social support system.

*Improved parent performance in coordinating and using social support systems.

Long-term child, family, and society outcomes of parent education and family support programs have received considerable attention. *Given the findings of research on exemplary programs having long-term effects on the lives of children, policy makers have focused more than ever on the preventive and cost-effectiveness of parent/family oriented early childhood programs* (Dimidjian, 1989). These findings suggest that preschool parent and family oriented programs appear to influence the later behaviors of children and parents powerfully. For example, reductions in crime, unemployment, time on welfare, and related antisocial indicators are correlated with parent and child involvement in quality early childhood experiences of a comprehensive nature (Boyer, 1991; Hayes, 1989; Lazar, 1988; Nauta & Hewett, 1988; Powell, 1989; White, 1988).

Just as encouraging is the evidence that children stay in school longer, are more consistent in their daily attendance, more proactive in their school involvement, and more successful in attaining higher education and meaningful jobs as adults (Dimidjian, 1989). It appears that three factors play an especially significant role in this process: *parental attention to their personal competence, parental attention to their children's positive development,* and *the strengthening of the parent/family support system* (Weiss & Jacobs, 1988). Parent education can strengthen its effectiveness by designing programs that address these factors intensively.

Data Collection And Analysis

The data collection and analysis process were carried out in relation to the goals and objectives of the Target 2000 Parent Education Program. The focus in this section of the report is on the sources of data used in the evaluation (including descriptions of particular instruments used) and an overview of how the site visit process was conducted. In addition, the system used to organize the data analysis is presented. The criteria upon which the key variables of the study were determined (key questions of the study) are reviewed and the development of the data bases used in the study is described. Initially, the goals of the evaluation itself are restated.

Restatement of the Goals of the Evaluation

As previously stated, the basic purpose of the Target 2000 Parent Education Evaluation was:

> To conduct a comprehensive review and analysis of the program components and elements as they have been designed and implemented by the pilot projects. The focus of this process was on determining the various strategies and practices that have or are likely to have a positive influence on parents, children, and families.

The purpose was based in part on four program goals established by legislative mandate. They are:

*To demonstrate effective methods of parent training and support that will enable parents to excel in their roles as the primary teachers of their preschool children.

*To develop and coordinate appropriate services based on the growth and development of children.

*To improve the education, skills, and employment of parents toward having a positive influence on the growth and development of the child.

*To ensure preschool developmental screening for all children whose families are served in the program.

Ultimately, each pilot project was attempting to achieve particular effects on parents, children, and families. *Thus, the evaluation process includes an examination of the possible relationships between how programs have been designed, what is being done, and how both design and implementation are involving and influencing parents, children, and families.*

Sources of Data

Primary data sources used to carry out the evaluation process: pilot project documents, a Parent Focus Group Interview Form, a Staff & Program Inventory Form, and narrative data collected during site visits. The data sources were selected to provide accurate information on the design, implementation, and evaluation stages of the program as related to the four program components: Parent Education, Literacy Training/Adult Education, Child Services, and Parent/Family Services.

Document Analysis. All 21 pilot projects developed annual reports on their activities. In addition, most of the projects submitted periodic reports on their work with parents, children, and families. *These documents were analyzed in terms of the following information.*

Design

*Data relative to the parents and families participating in the projects.

*Clarification of the goals of each project.

*Particular objectives, themes, and emphases represented in the 21 projects.

*Types of project activities used to achieve the unique mission of each project.

*Types of delivery systems projects used to engage parents/children/families in various activities.

Implementation

*Involvement strategies explored by the different pilot projects in attempting to encourage the maximum involvement of parents, particularly those in at risk situations.

*Participation data on the what, how, why, when, and where of parental involvement in project activities.

*Staff data inclusive of types of staff, education, role descriptions, usage, staff development/training, and related information.

*Organizational data such as the supervisory system, administrative scheme, and overall relationships to the sponsoring school system.

*Interagency and school-family-community collaboration data of significance to the pursuit of effective parent/family support activities.

Evaluation

*Self-evaluation and external assessment data generated by the pilot projects.

This document analysis also provided contextual information essential to acquiring a perspective on each project prior to carrying out site visits. In addition, it provided a picture of the evolving nature of each project and some data useful for initiating the development of possible relationships between project efforts and resulting parent, child, and family outcomes.

Data Collection Instruments: Development And Use. *Data collection instruments were developed to achieve three goals:* (1) acquiring accurate information on the activities of the pilot projects; (2) attaining parent and staff perceptions of the strengths, value, and needs of the program (as reflected in the work of the pilot projects); and (3) gaining information on possible program outcomes. Two instruments were developed: The Parent Focus Group Interview Form and The Staff & Program Inventory Form. Each instrument is briefly described below and a copy of each is included in Appendix D and E.

The Parent Focus Group Interview Form includes two parts; one is structured and one open ended. *The structured part* is completed by the parents (in groups of 4 to 7) with guidance from the evaluator who is conducting the site visit. It takes about 30 minutes to complete and includes four sections: "About You and Your Family," "About Your View of the Program and Your Involvement in It," "About Your View of the Program's Effectiveness," and "About Your Views on Your Child's Development and Services That Are Important."

In The open ended part, the evaluator guides the parents through a discussion of their views of the program while the evaluator takes notes. The open ended part focuses on parental perceptions of what aspects of the program have been beneficial and on what services and/or activities have been useful and why. During this part, the evaluator also probes for parent views on how the program can be improved.

The Staff & Program Inventory Form is similar to the parent form. It includes two parts: a structured *Staff and Program Inventory,* and an *open ended form* that the evaluator uses to guide staff discussion on their perceptions of various aspects of the program and their involvement in it. The SPIF includes the following sections: "About The Staff," "About Program Goals/Activities," "Staff Relationships With Parents," "Staff Perspectives/Strategies For Interagency Collaboration," and "Staff Perspectives/Strategies Related To Integrating Program Into Other School Programs."

The Site Visits and Written Narratives. *The purpose* of the site visits to each of the 21 pilot projects was to observe the various contexts of the programs, acquire parental perspectives on the program through the focus group interview process, acquire staff perspectives on the program, and to obtain needed data to prepare the evaluation report.

The organization of the site visit process was as follows. Project directors were involved in the planning and scheduling of the visits at a meeting in February. Visits were planned around the schedules of the pilot projects. Each visit lasted one day and involved parents and staff in providing the evaluators with information and perspectives about their program. Evaluation team members conducted the visits within a planned sequence of events.

The visits were structured in a fairly typical manner.

*Arrival (usually by 9 a.m. depending on travel)
*Orientation meeting/tour with project director
*Focus group with parents
*Focus group with staff
*Lunch
*Focus group with parents
*Discussion with school system staff
*Depart

An average of eight parents were interviewed in the focus groups at each of the 21 sites. All of the staff participated in the staff focus group interviews. In addition to conducting the focus groups, the evaluators observed the physical setting, examined the organizational and record keeping system, observed some project activities, and gained valuable impressionistic data. All of the 21 site visits were completed during March, 1983. Three evaluation team members made about seven visits each.

Organization of Data for Analysis

Data gathered in the evaluation process was organized according to the *key components* and *major stages* of the conceptual framework used in the Target 2000 Parent Education Program. Within the four key components (Parent Education, Literacy/Training & Adult Education, Child Services, and Parent/Family Services), the data were organized to address the primary design, implementation, and evaluation activities and outcomes as carried out by the pilot projects. Thus, the following questions (as related to each of the key components of the program and the major elements) **provided a context for the**

organization of the data.

Design Stage

*What are the goals of the program as reflected in the work of the pilot projects?

*How were these goals determined?

*What delivery systems (for example: home visits, group meetings) were used to carry out the program goals?

*How were these delivery systems used as reflected in the work of the pilot projects?

*What program activities were developed and used to achieve the goals of the program?

*How were these activities used?

Implementation Stage

*What involvement methods (for example: providing child care or providing transportation) were used to achieve parental participation in the program?

*How were these involvement methods deployed?

*What staff training was used to enable staff to be effective in carrying out the work of the program?

*How was the staff training achieved?

*What interagency and/or school-family-community collaboration system(s) were used to achieve the goals of the program?

*How was this interagency and/or school-family-community system achieved?

Evaluation Stage

*What assessment process/system was used to record the program's progress toward meeting its goals?

*How was this assessment process/system deployed in the program?

*What performance measures were used to determine the program's effectiveness in meeting particular goals?

*How were these performance measures used?

*What outcomes were used to provide evidence of achieving program goals?

The data were also organized in a manner that relationships between program factors (for example: use of particular involvement strategies) and participant factors (for example: actual participation in group meetings) could be determined. This was achieved by organizing the data according to the relationships among five concepts: Program Design, Participation Scheme, Immediate Outcomes, Application, and Long-Term Benefits (as shown in Figure 2, p. 13). Further, data organization aimed to provide insights on *effective practices* as reflected in program activities, strategies, and resource usage that could potentially help parents, children, and families participation in the program, acquire appropriate and needed knowledge, skills, attitudes and behaviors, and use new behaviors and skills.

Data gathered from document analysis were organized in a manner that facilitated the description of program goals, strategies, resources, and related activities. Data for each pilot project included annual project reports, required evaluations, narrative descriptions on particular features of projects, and related information unique to each project. The data proved valuable in gaining a qualitative picture of how different projects functioned.

To facilitate data analysis of both the key components and major factors of the pilot programs, two **data bases** were constructed using all structured variables from the *Parent Focus Group Interview Form (PFGIF)* and the *Staff and Program Inventory Form (SPIF)* .

Each of the 166 parents that completed the PFGIF was assigned a unique identification number. Each pilot program (n=21) was also assigned an identification number so that participating parents could be identified individually as well as by program. This dual identification allows the unit of analysis for the parent data to be either the parent or the program, depending upon the question being addressed.

The PFGIF data base contains a record for every parent with each record divided into 74 fields. The first two fields contain the parent and program identification numbers and the remaining 72 fields contain responses to the 72 structured variables in the PFGIF. A Parent Education Database Legend was developed so that each variable was easily identifiable when examined for analysis and interpretation.

The SPIF data base contains a record for every program with each record divided into 120 fields. The first field contains the program identification number and the remaining 119 fields contain responses to the 119 structured variables in the SPIF. A modified form of the PFGIF data base was constructed by aggregating the responses of parents being served by a single program. This data base can be linked to the SPIF data base when data analysis calls for relating variables from both the PFGIF and SPIF. This system for organizing data provides for multiple analysis, allowing for examination of all aspects of project data of importance to the evaluation.

Findings Of The Study

The findings of the study are reported in four sections: 1) a profile of the participating parents and families, 2) an overview of the context and background of the program, 3) specific findings of the Parent Education Program Evaluation, and 4) a brief discussion of the implications of the findings for future efforts in parent education. More general recommendations based on these findings are included in the next section.

The findings reported in this study were derived from four sources: parent responses to items included in the Parent Focus Group Interview Form (PFGIF); field notes taken by the evaluators during the focus group discussions with parents; project directors' responses to items on the Staff and Program Inventory Form (SPIF); and, field notes taken by the evaluators during the site visits; and document analysis data. 166 parents participated in and completed the PFGIF. All 21 project directors completed the SPIF.

The Families: A Profile

The Target 2000 Parent Education Program has served two basic groups of parents and families: the general parent population in the community who have children in the birth-5 year age range, and at-risk parents in this same age range. The general population is representative of parents and families from all social and economic strata in South Carolina. *Parents in this population participated mainly in the large group parent information sessions (typically held 4 - 8 times a year) and in related educational and informational activities available to all parents.*

The major emphasis in the program was on serving parents and families whose children were most likely to be at-risk for school failure. More specifically, ***the profile presented here is based on the 166 parents who participated in the site visit focus group sessions.*** This profile includes three aspects: 1) a demographic profile of the parents, 2) family membership and composition, and 3) parental perceptions of their family living conditions. In cases where it was essential for accuracy, data from the pilot project documents were used to clarify items that data from the focus group sessions may not have clearly shown.

DEMOGRAPHIC PROFILE OF PARENTS. Based on parent responses on the *Parent Focus Group Interview Form*, the following profile is presented.

*40 percent were single and 60 percent were married.

*39 percent were divorced and 61 percent remarried.

*68 percent were unemployed, 17 percent were employed full time, and 15 percent were employed part time.

*28 percent had not completed high school, 40 percent had completed high school, and 32 percent had some education beyond high school.

*49 percent were caucasion, 49 percent were black, and 2 percent were other ethnic groups.

*69 percent lived in rural areas, 15 percent lived in urban areas, and 13 percent lived in suburban areas. The remaining three percent were unclassified.

An analysis of the data on the parents and families included in pilot project documents indicates this sample is representative of the group of parents who participated in the projects on a regular basis.

FAMILY MEMBERSHIP/COMPOSITION. Parent self-report data as recorded on the PFGIF also indicated that:

*92 percent of the parents participating in the program were mothers.

*The mean age of parents in the program was 29 years of age.

*The mean number of children per family was 2

*16 percent had one adult in the family, 56 percent had two adults, and 28 had three or more adults.

Data from the project documents also suggest that: a majority of parents had at least one adult kin or friend they relied on in emergencies, ***that many of the parents had no real mentor*** (other than the parent educator or a person introduced to them by the parent educator) to help them effectively plan for improving their situation in life, and that most of the parents (60 percent according to document analysis of self-reports submitted by pilot projects) were very young (age 24 or below).

The data from parent responses to the PFGIF indicate that a diversity of parent and family situations were represented in the parent education program. *The data suggest three particular parent and family profiles were prevalent.*

1) ***Unemployed, single-parent family with three or more children.*** One adult is in the family and typically lacks the needed literacy and formal education skills for attaining long term employment.

2) ***Partially employed two-parent family with one or two children.*** One of the adults has completed high school but the family is struggling with economic stress and needs additional social and educational skills.

3) ***Single, teen-parent family with one child.*** The teen-parent is or should be pursuing completion of high school (and other post-secondary training).

Often, the teen-parent and the child are living with the parents' family of origin or with other kin.

FAMILY LIFE CONTEXT: The parents involved in the focus groups (n = 166) responded to a series of statements related to their living conditions and family relationships. Parental perceptions of their families' self sufficiency, living conditions, health, housing, relationships, and support systems are as follows.

*20 percent of the parents felt that they were either not self sufficient or only partially self sufficient. While a majority felt they were self sufficient, they were most often dependent upon a family support program for meeting basic family needs. Document analysis combined with analysis of the percentage of parents lacking high school and the percentage unemployed suggest that close to 70 percent of the families are not self sufficient.

*18 percent believed their living conditions were poor or barely adequate. While a majority felt their conditions were good, this perception is not supported by project documents which showed that a majority of parents depended on public assistance for housing or other basic needs.

*90 percent of the parents felt their family's health was good to excellent. It should be noted, however, that most of the families were receiving health care resources through some federal or state program.

*95 percent of the parents were quite satisfied with their housing - which was often funded in part or whole by federal/state family aid programs. Data in the project documents indicated housing conditions of the participating families were often inadequate in terms of space, safety, sanitation, and proper ventilation.

*90 percent of the parents believed their family relationships were good or excellent.

*66 percent of the parents said their main helper was a relative, 15 percent said it was a friend, and 10 percent identified the home visitor as their main helper. Project documents indicate that while most parents had a "friend" they could socialize with, they rarely had a person who was skilled in helping them manage family life challenges. Many narrative examples are given by project staff in their documents on the reliance of parents on home visitors for problem solving tasks.

The families participating in the South Carolina Target 2000 Parent Education Program can be summarized in the following way. The parents are young, often unemployed, and in need of adult education and/or related job training skills. While the families are often dependent upon social support agencies, they see themselves and their children as gaining in confidence and autonomy through experiences and supports received in the parent education program.

The Parent Education Program: Context & Information

Two elements that are important to understanding the Target 2000 Parent Education Program are the number and qualification of the staff and the characteristics and quality of the program.

STAFF INFORMATION is vital to gaining a picture of the professionals and citizens involved in piloting the parent education program in various school-community settings. Data on staff and staff roles and functions were gathered through the *Staff and Program Inventory Form* (SPIF), focus group sessions with staff, and document analysis.

A demographic profile of staff working in the various pilot projects is as follows:

**The average age of project directors was 42.* Site visit observations indicate that project staff in general were mature and experienced, which might indicate that districts chose an experienced professional to provide leadership to these new projects. It might also indicate that more experienced professionals in early childhood education are more sensitive to the need for parent education and family support.

**75 percent of the project directors were Caucasian and 25 percent were black.* Site visit observations and document analysis indicate this same racial pattern existed with other staff. There is a need in many of the projects for the involvement of more minority professionals in project leadership roles, since one-half of the parents are black.

**All of the project directors' have college degrees in areas appropriate to their parent education role.* Document analysis data indicate that professional staff in the various projects were early childhood or child development trained. However, paraprofessional backgrounds varied greatly. More attention is needed in the selection and training of paraprofessionals for specific parent education roles.

**The project directors tenure with their programs was an average of 2.7 years.* Given that the programs are only three years old, this figure is indicative of the stability needed for strong program development.

**Past professional experiences* of staff provide an added dimension to the staffing picture.

-90 percent of the programs had someone on staff with prior teaching experience.
-62 percent of the programs had someone on staff with prior experience in social work.
-43 percent of the programs had someone on staff with prior administrative experience.
-86 percent of the programs had someone on staff with previous experience in home visiting.
-67 percent of the programs had someone on staff with other relevant experiences such as in counseling and in child development.

In summary, the project directors in this program were experienced professionals who have remained with the program virtually since its inception. The directors were well educated and have a staff with a variety of relevant professional work experiences applicable to their role(s) as leaders in parent education. More minority involvement in project leadership roles is needed and more attention needs to be focused on the selection and training of paraprofessionals.

Staff Positions/Title/Roles: The most common staff position identified by the project directors was that of Parent Educator. This is true of similar parent education programs like the Missouri *Parents As Teachers* program. All 21 programs have a role-person they identified as a parent educator. Also, all of the projects had a person in the role of Project Director. In many cases, *individuals performed two or more roles such as being project director and parent educator.* All of the program directors, for example, performed at least one other role. The role of Home Visitor was typically noted as a "role within a role" as within the role of parent educator. While most programs had home visitors, most programs integrated this role into the overall role of parent educator. None of the programs had adequate clerical support staff. This proved to be a real stress as many directors spent time on tasks that in turn took time from more valued roles they needed to be performing.

Sample position descriptions taken from project documents provide a picture of the multiple roles and diversity of staff in the parent education program.

> Program Director: Provide overall leadership to the parent education program. Responsible for supervising home visitors, monitoring program activities, coordinating the advisory council, and handling budget and management tasks. Must hold a degree in early childhood education or child and family development. Will carry out parent education tasks like conducting home visits and small group parent meetings.
>
> Parent Educator: Carry out all tasks related to planning, implementing, and evaluating parent education program activities. Home visiting, small group meeting coordination, administering child assessments, working with other family

agencies, and coordinating parent education activities with early childhood teachers are major job tasks.

Home Visitor: Conduct home visits with parents of preschool children at risk for school failure. This is a part-time position that requires 20 hours work a week. Responsible for planning visits and communicating on a weekly basis with project director. Must have some college work and prior experience as a paraprofessional in a early childhood program.

Staffing patterns in the program were diverse with most programs having a combination of professionals and paraprofessionals who knew the community and had the skills for effectively relating to the needs of the families involved. The following is a summary of the full time/part time/volunteer mix present in the pilot projects.

Full Time Staff Data On The Pilot Projects
(Reported in percentages)

Number of Staff in Full Time Positions	Percentage of Pilot Projects
1	17.5
2	47
3	17.5
4	12
5	0
6	6

Most programs (approximately 65%) have two or fewer full time staff (typically one professional and one paraprofessional). Projects that had three or more full time staff typically did so by combining funds from other sources.

Many programs used part time staff (usually in the role of home visitors). Based on data gathered from the project directors, most programs used two or three part time staff. Some programs used volunteers, particularly to help out with child care, record keeping, and in other support roles. Based on analysis of pilot project documents, the following estimated staffing patterns were determined.

Parent Education Program Staffing Pattern
(In percentages)

% projects using	Full Time	Part Time	Volunteers
20	X		
60	X	X	
20	X	X	X

Staff training has been an integral part of staff and program activities of the pilot projects. *State required training* (coordinated by the South Carolina Department of Education) has been conducted over the three year period of the pilot projects. "Awareness training" programs held during this period included workshops on parent education programs of a similar nature being implemented in other states. Overview sessions (often conducted by the lead designers of the programs) were held on the following models or approaches.

*Parents As Teachers (PAT)
*Kenan Family Literacy Program
*Minnesota Early Learning & Development (MELD)
*AVANCE
*HIPPY

These "Awareness Programs" provided staff with a knowledge of how the key components of South Carolina's program were being carried out elsewhere.

As pilot project staff began to identify a program or model in which they were interested, they often visited that program and/or pursued more elaborate training in it. For example, several pilot projects had staff visit and train in *Missouri's Parents As Teachers Project.* Some project staff visited family literacy programs in North Carolina and Kentucky. The kinds of information staff learned and then integrated into their projects were goals/objectives, needs assessment techniques, home visit curriculum guidelines/activities, record keeping systems, delivery system ideas, involvement techniques, management strategies, communication skills, and other practices and strategies.

In-depth material was provided through statewide training in areas such as: case management, home visiting strategies, planning and conducting group meetings, human relations training, program management skills, assessment and evaluation, and other topics -- particularly as requested by project staff. In addition, periodic "project networking meetings" both formal and informal were held. These sharing sessions provided project staff opportunities to exchange ideas, plan advocacy efforts, and to pursue further refinements in their programs.

All of the pilot projects participated in at least part of the training on parent education offered by Dr. Burton L. White. This training (which took place once a month for one year) was a comprehensive course on a birth to three years of age parent education approach, involving participants in examining every aspect of the development and implementation of a preschool parent education program.

Analysis of project documents indicates that all of the pilot projects carried out "local training" to meet staff needs specific to their situations. Examples of project-specific types of training are as follows.

Sample Training Activities Of Pilot Projects

*Consultant from South Carolina Health & Human Services conducted workshops on dealing with unique needs of at risk families.

*Project staff visit another program to gain ideas on improving the home visit process.

*Staff use each other's skills in a sharing session with the focus on problem solving.

*Workshops held on child assessment strategies, record keeping systems, parent involvement incentives, and other topics.

In summary, then, the Target 2000 Parent Education Program staff can be portrayed in the following manner.

*The typical staff person was experienced, well educated, and has been with the program from its inception.

*The staff were multicultural in composition, saw each other in positive ways, and believed the program was influential in improving the lives of parents and children.

*Project Director and Parent Educator were the most common position titles in the program. Staff in the pilot projects performed multiple job roles.

*The most prevalent staffing pattern in the pilot projects was a combination of full time/part time positions with a strong emphasis on interagency sharing and creative use of volunteers.

*Staff received continuing training in parent education with an emerging focus on activities pertinent to the specific needs of pilot projects.

PROGRAM INFORMATION: Data collection during the site visits and information gained through document analysis provided general program information on: major program purposes, program emphases (as indicated by the stated goals of the pilot projects), major program activities within the four component areas, parent participation in program activities, and child participation in various services. The information presented in this section of the report provides a general picture of the program's goals, key areas of emphasis, major program activities, and participation data on parent and child usage of services. *The general program information* presented here is based on the *SPIF results* , obtained during the site visits, and document analysis results.

Major program purposes, as developed by the pilot projects, represent the intended direction of the program as presented in the Target 2000 legislation. Document analysis provides the following *samples of general program purposes.*

*To support in parents the belief that they are their children's most important teacher.

*To improve children's readiness for school by strengthening parents' abilities to serve as their primary educators.

*To empower at risk parents and children through parent education, adult education, and needed child and family services.

*To empower parents to support their children's physical, emotional, and cognitive development.

*To assist at risk families in overcoming barriers to their being effective in nurturing children, and to assist them in becoming proactive learners.

Within these general purposes, *each pilot project developed* *program emphases* *that made their effort somewhat distinct from other projects.* While all 21 pilot projects included activities in the four component areas, each came to emphasize particular components more than others. Indeed, one goal of the pilot projects was to explore those component areas that appeared to best meet the needs of the parents and families in their communities. Data from the *Staff & Program Inventory Form* indicated that the following were program emphases.

Pilot Project Key Component Emphases
(In percentages)

Key Components	Percentage of Projects Emphasizing Component
Parent Education	90
Child Services	52
Parent/Family Services	52
Literacy/Training/Adult Education	28

Because of limited resources, the pilot projects were realistic in selecting "need areas" upon which to concentrate. This selection process evolved over the three-year period, with projects refining and focusing their efforts more each year on particular needs in their communities. *The variance in focus from project to project is a reflection of community needs, staff competence, school district goals, parent desires, and related issues.* For example, while practically every project had a major parent education emphasis, less than a third of the projects had a clear emphasis on adult education. Slightly more than half of the projects had emphases in child services and family services. Samples of the various program emphases (as reported in pilot project documents) are described below. It is important to note that most projects sought to address need areas currently not attended to when possible.

Sample Pilot Project Emphases

*Child development information, family literacy materials, and comprehensive child health and developmental assessments.

*Parent as teacher information and resources, adult education, and child development services.

*Family literacy emphases through the delivery of multiple services in a family education center. Emphases in the center include: parenting information, adult education, child assessment, and family learning resources.

*Parent education with emphasis on improving child's school readiness and strengthening parental self confidence.

*Major focus on parenting sessions for the total community combined with a Parent as Teacher curriculum in a home visit program for at risk families.

Pilot projects were also asked to respond to SPIF items related to **major program activities** they used in the implementation process. The following is a summary of their responses to SPIF items related to major program activity areas.

Major Program Activity Areas

Activity Areas	Percentage of Projects Using
Home visit	81
Group meetings	81
Child Services	71
Adult education	52
Family services	48

In addition, project directors identified the following as strategies they used to encourage and support the involvement of parents in these project activities.

Pilot Project Strategies To Support Parent Involvement

Strategies	Percent of Projects Using
Home Visits	95
Transportation	80
Home Visits	95
Videotaped Lessons	45
Collaborative Meetings	80
Child Care	90
Telephone/Written Reminders	95
Adaptive Schedules	90
Media Coverage	85

The diversity of program activities and the various strategies used to promote parent participation was a major strength of the pilot projects. Effective practices research (See the Literature Review" section of this report) indicates that a diversity of involvement strategies and the availability of supports such as child care and transportation increases participation in parent education.

Parent participation in program activity areas (Parent Education, Literacy/Training & Adult Education, Child Services, Parent/Family Services) was reported by project directors on the SPIF. The following is a summary of the parent participation data.

**Participation in parent education activities* was assessed by examining data on attendance at group meetings and parent participation in home visits. Projects offered 12 group meetings per year on average. This figure includes large and small group parent meetings/seminars. While the mean for parent attendance at each meeting was reported as 115, this figure is most likely inflated by the success of large group sessions in some projects. Document analysis indicates small group meetings (with 8 to 15 parents per session) were most successful. Home visits were offered an average of 1.5 times per month. 78 parents per program (on average) participated in the home visits.

**Participation in adult education activities* averaged 25 parents per program, per year. Document analysis data indicate that parent participation in adult education and family literacy training increased each year over the three year span of the program. This increase reflected an increase in the project's attention to this activity area.

**Parent participation in parent/family services is summarized as follows.* These data were provided by project directors on the SPIF. The figures represent "best estimates" by the project directors based on case management records.

Mean Number Of Parents Receiving Parent/Family Services
(Mean number per program for 1992/93)

Services	Parents' Usage
Referral services	43
Counseling services	26
Food support services	25
Transportation	23
Clothing	15
Prenatal care	13
Medical services	11
Health checkups	7
Heat	2

Document analysis data also indicate a significant amount of time and expertise were invested in *supporting parents/families* in meeting basic personal and family needs. Based on the above data, projects provided direct support services to over one third of the parents who were involved on a regular basis in their programs. The intensity of parent/family support service activity varied from project to project. Document analysis suggests that programs with large numbers of high risk families provided more of these services (particularly medical, food, clothing, and heat) than projects with fewer high risk clientele. It is also important to note that most pilot projects were unable to meet all of the critical needs of families in their communities because of limited staff and financial resources. Like other family support agencies, the projects faced many needy situations they were unable to resolve.

Given the findings of research see the "Literature Review" section of this report), *it is important that future parent education efforts not neglect addressing these very important parent and family needs.* Sick, insecure, and economically disabled parents are not likely to become fully engaged in becoming teachers of their children. *However, projects must also avoid becoming so involved in delivering these services that their primary mission of parent education is neglected. Improved interagency and intra-school district collaboration on delivery of services to families is essential to avoiding the situation where the projects become social agencies only.*

Staff perceptions of parent participation in all aspects of their projects were quite positive. All of the project directors rated parent participation as either good (72 %) or excellent (28%). Document analysis supports this perception. Beyond the expected challenges of maintaining parent attendance at meetings or home visits, the majority of parents maintained high participation in both activities and services.

Child participation in project services was also reported by project directors on the SPIF. Those data are summarized as follows.

Mean Number Of Children Receiving Child Services
(Mean number per project for 1992/93)

Service	Child Usage
Developmental screenings	133
Immunizations	66
Child development services	65
Health screenings	57
Medical services	46

Document analysis indicates additional child services that were prevalent include: speech and hearing therapy, direct educational activities, and transporting children to receive services.

As the data presented in this section of the report indicate, the program has achieved a remarkable level of service to parents, children, and families over the three years of the pilot effort. Each pilot project served an average of 100-plus parents and families and 250-plus children per year. Pilot projects focused heavily on parent education activities and child services with considerable attention given to helping families acquire needed health and basic life supports. Less attention was given to involving parents in literacy training and adult education activities. Parent participation in program activities increased each year, particularly where supportive strategies such as child care and transportation were used. Based on the information presented in this section of the report, particularly as related to staff and general program activities, the following recommendations are offered.

General Recommendations: Parents, Staff, And Program

*Continue and *increase the emphasis on serving parents of children most at risk for school failure.*

*Increase efforts to *create collaborative parent education offerings (particularly for parents of children birth to three) for all parents in the community.*

*Increase emphasis on using full-time staff where possible *with an emphasis on training paraprofessionals in specific parent education skills and roles.*

*Increase recruitment and use of minority staff in professional leadership roles.

*Increase the training and use of volunteers (particularly parent mentors) in all aspects of the program.

*Increase the emphasis on parent education activities, particularly for parents with children in the birth to three age range.

*Increase program emphasis on literacy training (especially family literacy) and adult education/job training of parents.

*Expand and strengthen interagency and intra-school arrangements for delivering child and family services.

*Continue the strong emphasis on using support strategies like transportation and child care to encourage parent participation.

Parent Education Program Evaluation Findings

This section of the report provides a comprehensive picture of the findings of the evaluation. The findings are reported according to the four key components of the program: Parent Education, Literacy/Training & Adult Education, Child Services, and Parent/Family Services. The 12 key questions used to guide the collection of the data are used to organize the reporting of the findings for each key component. The assessment questions are further organized according to the three program stages: design, implementation, and evaluation.

Parent Education. The Target 2000 Parent Education legislation established the broad goal for this component: *to enable parents to excel in their roles as the primary teachers of their preschool children.* The translation of this goal into actual project goal areas was influenced by the program models South Carolina examined in preparing the Target 2000 program. Two parent education sub-components have emerged: *parenting information* and *child development information.* While all 21 pilot projects developed goals in these two sub-components (per document analysis), the substance of the goals varied according to the emphasis in each project.

Design Stage

1)What are the goals of the parent education component of the program (as reflected in the work of the pilot projects)?

The SPIF data indicate that 19 of the 21 pilot projects had a major emphasis in the Parent Education component of the program. Document analysis showed that all 21 programs had parent education goals in both the parenting information and child development information sub-components. Further, the document analysis revealed the existence of ten *parenting information goals* were as follows.

Pilot Project Parenting Information Goals
(Number of Projects with Emphasis in Goal Area)

Goals Area	Projects With Emphasis
***Parent-child learning activities**	**21**
***Family health and safety**	**20**
***Positive discipline with child**	**19**
***Parent-child relationships**	**19**
***Immunization information**	**18**
***Importance of parent nurturance of child**	**17**
***Parent attitudes toward child**	**17**
*Parenting self image	16
*Prenatal care information and resources	14
*Importance and skills in parent self care	10

The major emphasis of most programs clearly reflects the desired "parent as teacher" focus inherent in the legislation's goal of helping parents excel as their children's primary teachers. At the same time, pilot project efforts suggest the recognition that parents have to attend to more than simply educational tasks to carry out this role. Indeed, *it is imperative that all of the pilot projects increase their emphasis on parental self care skills, prenatal care, and other areas of parenting.* Data presented in the related literature section of this report strongly support this suggestion.

Nine Child information goals for parents were developed and carried out by the projects (evident in the document analysis) are summarized as follows.

Pilot Projects With Child Information Goals
(Number of Projects with Emphasis in Goal Area)

Goal Area	Projects With Emphasis
Child development/learning	**21**
How your child learns	**18**
Language development of children	**17**
Cognitive development of children	**16**
Social development of children	**15**
Emotional development of children	12
Motor development of children	10
Physical development of children	9
Childhood diseases	7

The most prevalent child information goals were providing general information on how children develop and learn, and information on the language, cognitive, and social development of children, birth to 5 years of age. This emphasis is generally consistent with the emphases in other parent education programs. Of some concern is the need for more attention to the emotional and physical development of children in the program. Research, as noted in the literature review section of this report, indicates that successful parent education programs give priority to children's emotional development and the parent's role in that aspect of development. Otherwise, *the parent education goals of the program,* as being implemented by the pilot projects, *represent an important direction in terms of knowledge and skills needed by effective parents.* Further, the goals interrelate with the identified school readiness goals for children with an emphasis on physical, social, language, cognitive, and analytic skills.

2) How were the parent education goals determined? Document analysis indicate that initially all of the pilot projects relied on the goals of other programs of a similar nature such as *Parents As Teachers* and *Minesota's Early Learning & Development*. Further, they appropriately used suggested parent education emphases prevalent in the literature in child development and family studies. As projects implemented their initial program designs, *they used needs assessment strategies such as parent surveys, feedback from participating parents, case study reports based on their home visits, and information gained from program training sessions to refine their goals.* On the SPIF, project directors reported using four primary needs assessment strategies as.

Assessments Used To Determine Parent Education Goals

(Reported in percentages)

Strategy	Percent Using
Parent surveys	67
Parent discussion/feedback	57
Case studies	29
Other assessment tools	33

Included in "other assessment tools" were strategies such as getting suggestions from teachers, using input from collaborating agencies, and responding to suggestions from the advisory council. While assessments used to determine the broad parent education goals were viable, *projects would greatly benefit from utilizing more refined assessment techniques in determining specific* *objectives for sub-populations within their programs.* This observation also holds true for designing individual parent education goals for particular families. One of the strongest suggestions in the literature on parent education is that more parent-professional planning of goals and objectives occur at the dyad level of the parent and family involved in receiving the service. The goal setting process with parents needs to promote more autonomy in parents in terms of problem solving situations.

3) What delivery systems were used to carry out program goals and how were these systems used? The most prevalent delivery modes were *home visits* and *group meetings.* SPIF results indicate that 81 percent of the projects used home visits, the same percent used group meetings. Other modes of delivering parent education included personal visits with parents at the parent education center, newsletters, parent lending libraries, and public dissemination activities at shopping malls, churches, and other community places.

An important question related to the delivery of parent education was: How were these delivery systems used? Document analysis and staff discussion during the site visits indicate the following:

*Home visits were used to deliver both parenting information and child information. *These visits typically included the following elements:* clarification of purpose, presentation of information, demonstration of use of knowledge, involvement of parent(s) in application, and discussion of how the information/skill could be used in the home. Often relevant materials (books, a learning game or activity, or other material) were left with the parent for use with the child. Parent questions were invited and used as the basis for providing further information.

Home visiting, according to document analysis and parent responses on the PFGIF, proved to be a very effective practice throughout most of the pilot projects. The data indicate that home visiting provided parents and children with individualized attention, a convenient means of participation, and a context in which home learning activities could easily be demonstrated and practiced. On the PFGIF, 98 percent of the parents (n = 142) cited the home visits as "helpful" in terms of a parent education approach. The major problem with home visits cited by project directors (only three directors mentioned this problem) was that of parents not being home at the appointed time.

Parent Perceptions Of Effectiveness Of Home Visit
(Reported in percentages, n=109)

Not Helpful	Somewhat Helpful	Helpful
0	2	98

*Group meetings were used in two major ways: to provide information to *large groups* of parents on parenting and child development, and to provide *small groups* of parents information and activities on parenting, child development and home learning. *Small group parent meetings where discussion and networking were prominent activities were cited as most effective by project directors in* *their documents*. Only a few projects pointed to much success with large group meetings. The large group meetings that were successful were usually interrelated with other activities that were attractive to parents. For example, several projects reported in their documents that meals, child care, transportation, family projects, and related activities of interest to families were ways of attracting parent participation to the large group sessions. *Ninety-seven percent of the Parents (on the PFGIF) assessed the group meetings as a very helpful parent participation mode.*

Parent Perceptions Of Effectiveness Of Group Meetings
(Reported in percentages, n=146)

Not Helpful	Somewhat Helpful	Helpful
0	3	97

*Several other delivery system modes proved useful. Among the most mentioned were personal visits, newsletters, parent/family lending libraries, public dissemination strategies (e.g., displays at shopping malls), announcements at churches, and media coverage of program activities. *Personal visits* at the "center" or school program site were used to reach parents who elected not to participate in the home visits. In some cases, parents were unable to participate in any other manner. *Newsletters were used in all of the pilot projects.* However, only 16 projects had a regular (usually monthly) newsletter. Staff used the newsletter to promote particular home learning activities and to introduce parents to new resources for use in enriching parent-child relationships. *87 percent of parents (on the PFGIF) said they read and used the newsletter regularly.* A few projects found the *parent lending library* to be effective as a means of delivering parent education information.

A small number of programs (only three as noted in the document analysis) used videotapes of parent education activities as a means of reaching parents. One program had a videotape machine in the family education center for parents to view tapes while visiting the school.

An effective practice (as noted in the parent education literature - see the "Literature Review" section of this report) used by the pilot projects was the *deployment of multiple delivery systems* *in carrying out parent education activities.* In a related manner, *projects adapted the use of various delivery systems to the schedules and preferences of parents and families.* The participation of parents (based on both document analysis data and on the results of the PFGIF) in parent education activities is indicative of project effectiveness in this area of program development. The following is a synthesis of parent self-reports on their participation in various parent education delivery system modes. This synthesis is based on the 167 parents who completed the PFGIF and on data reported in the documents.

Parent Participation In Delivery System Modes
(Reported in percentages)

Delivery system	Percent reporting participation
Home visits	88
Group meetings	86
Newsletters	94
Parent lending libraries	56
Personal visits/conferences (at Center)	32
Other (videotapes, informal contacts)	22

In summary, the home visit served as the primary means of delivering parent education activities to parents who participated in the continuing aspects of the projects. Group meetings served as another major delivery system with the small group meetings that used parent discussion and networking as strategies to be most effective. Newsletters that included parent information, child learning activities, and related items of interest were perceived as very useful by parents and staff. *The use of multiple delivery systems was a strength of most of the pilot projects.*

4) What program activities were developed and used to achieve program goals and how were these activities used? Analysis of pilot project documents indicate that the following types of activities were used: *information dissemination, demonstration, participant involvement, cooperative learning, materials and resources, and networking.* Each of these types of parent education activities is briefly described as they were used in the pilot projects.

Information Dissemination. All of the pilot projects relied on information dissemination strategies and activities. Information dissemination took place in many different ways: presentations at group meetings by authorities on child development, introduction of parent-child learning activities, information on child and family health, home visitor explanation of a skill or activity the parent was to learn and use, and presentation of information through the newsletters.

Demonstration. Home visitor demonstration of how to use a learning activity was the most prevalent form of this activity type. Some group meetings included demonstrations on how to do activities, like sharing a book with your child. Some of the more typical examples of demonstration were: home visitor shows how to interact with child on a language activity; presenter demonstrates how parents and children can enjoy puzzles; home visitor shows parent how to respond to a child behavior problem; and home visitor demonstrates how parent and child can do a math activity together.

Participant Involvement. In home visits, group meetings, and in parent-child activities in play group settings, *participant involvement* was used often as a learning activity. Home visitors included parent-child interaction activities in most visits. Small group meeting time included parent involvement in discussion, hands-on activities, and time for parents to share with each other. Child involvement in doing activities with their parents and/or with the home visitor was prevalent in home visits, center activities, and in tutoring arrangements. *The parent education literature strongly supports participant involvement as an effective strategy.*

Cooperative Learning. Several of the programs practiced the strategy/activity of having parents work in cooperative learning situations. This was particularly true in small group parent meetings, seminars, and work sessions. Home visitors modeled this approach in their work with families. Examples cited in the documents include: parents working together in making home learning activities; parents discussing child behavior problems in a sharing manner; parents working with their children on a problem solving activity; parents working in teams discussing key points made in a large group presentation; and parents working together to plan a field trip.

Materials/Resources. One of the most prevalent activity approaches was the dissemination of learning materials and resources that could enhance the family's learning. Most often this took the form of a parent or family lending library. However, some of the programs left books and other materials in the home on a permanent basis, hoping to instill literacy habits.

Networking became one of the strongest parent education activities used by several programs. Parents were organized into teams sometimes in a formal way but more often they were simply encouraged to use each other as learning resources.

The content of parent education activities used in the projects was drawn from several sources: exemplary programs like *Parents As Teachers* , resource booklets, commercially made kits, early childhood curricula (like the High Scope Early Childhood Curriculum), local district early childhood education skills lists, and teacher and parent developed learning activities. Eighteen of the pilot projects used activities from the Parents As Teachers Program curriculum in some adapted form. Several projects also used the Bowdoin Parent Training Method. However, over half of the projects used a combination of sources for developing their parent education activities.

Parent education activities focused on the following: infant learning, parent-child relationships, general parenting skills, preparation for parenting, parent self-care, information on and usage of parent/child/family resources in the community, family management, home care, stages of child development, health and safety, and school readiness. School readiness learning activities focused heavily on: language, social skills, reading, math, problem solving, and general readiness for school (inclusive of attitudes, knowledge, and skills needed for school success).

All of the pilot projects had an organized parent education activity system. This system usually included a curriculum framework for the age groups targeted (for example, birth to three or three to five year olds), a lesson plan sequence (usually flexibly organized) for use in home visits or site-based programs, identified resources to use in the various lessons, and an evaluation component such as a checklist to signify mastery or achievement of an activity.

Most of the pilot projects matched at least part of the learning activities to identified child and/or parent needs articulated through the developmental assessments and through home visitor (or teacher) observations. For example, child needs identified on the DIAL or on other assessment tools were used to then develop a learning activity plan for use in the home by parent and child. Sometimes this process included the child's classroom if he or she was in a child development or kindergarten program. The use of individualized activities was an effective strategy for the projects that used it. The targeting of learning activities toward child skill-needs (as based on appropriate assessments) has been noted as one means of effectively aiding the child in becoming competent.

In summary, parent education activities used included information dissemination, demonstration, participant involvement, cooperative learning, materials/resource deployment, and networking. with families. Content emphases included parent need areas and the comprehensive needs of children. Programs adapted activities from other exemplary programs, developed their own, and used commercially developed materials. A major strength was the use of individualized activities to meet particular child learning needs. *This strength was noted by parents during the focus group discussions.* Based on field notes taken during the parent discussions, one evaluator noted that parents commented very positively on the value of parent education activities that (1) helped them to better relate to their children, (2) gave them ideas on learning things they could do with their child, and (3) improved their child's skill in completing activities like counting, identifying words, and picking up after themselves. Also, many parents commented that the "hands-on activities" and the "networking activities" were most helpful.

Implementation Stage

Regardless of how well organized or meaningful parent education program designs are, *the literature indicates that the most difficult challenge for programs is to attract and maintain the involvement of at risk parents.* Thus, a key question asked in the evaluation was:

5) What involvement methods did projects use to achieve parental participation in their programs and how were these involvement methods deployed? In effect, the evaluators closely assessed what incentives pilot project used and how they used them.

As indicated in the General Program Information section of the report, *80 percent (or more) of the pilot projects used six basic methods to improve participation in parent education activities:* child care, transportation, home visits, telephone and written reminders, adaptive scheduling, and media coverage. These are proven practices according to the literature, and pilot project narrative in their documents indicate these practices did increase their participation rates over the three year period.

Projects used these involvement methods in various ways. For example, child care was used at group meetings so that parents with a younger child could attend without having to find or pay for child care. Transportation to and from meetings and other activities made it possible for parents without transportation to be a part of these programs. Home visits removed the time, space, and transportation barriers for many at risk families, thus allowing them to participate in the program's activities. Telephone and written meeting reminders acted as a support for busy parents to keep on target for assigned group sessions, home visits, or other scheduled activities. Adaptive scheduling (scheduling according to parent/family needs) included repeating group sessions twice or even three times and planning activities at times and places convenient for parents.

Perhaps one of the most effective strategies projects used was matching program activities and related context issues (place, time, and date) to the particular needs and styles of different parents and families. The literature consistently identifies this matching of activities and involvement modes to parent and family needs as an effective practice.

Parent assessments of the value of different involvement methods in helping them to participate in parent education program activities is instructive. The following is a summary of parent responses on the PFGIF to items related to involvement strategies that enabled them to participate in program activities.

Parent Responses To PFGIF Items On Strategies That Enabled Them To Participate
(Reported in percentages, n=166)

Strategy enabled participation	Percentage Responding Yes
Adaptive scheduling of meetings	57
Home visits	55
Child Care	52
Transportation	30

Clearly, many parents were able to participate in program activities because they had support resources like child care, transportation, home visits, and adaptive scheduling of meetings. Collaboration among school and community groups on using incentives and supports to enhance parent participation is one way to better use existing resources to strengthen the program/parent relationship.

Staff training and development are essential to the integrity and effectiveness of programs. The question studied in this regard was:

6) What staff development activities were used to enable staff to effectively implement the parent education program?

Prior staff experiences and education provided the foundation upon which the programs based their initial efforts. As noted previously, the staff of the pilot projects had a diversity of prior work experiences and were typically well educated in early childhood education, child development, and/or related child and family study disciplines. Based on data from the SPIF, project staff had considerable prior training and related work experiences.

Past Professional Experiences of Staff

(Percentage of projects with staff who had the following work experiences)

Experience	Percentage
Teaching	90
Home Visiting	86
Teacher Aide	71
Social Work	62
Administrative	43
Nursing	9

All of the projects directors had a college degree and the average director had considerable experience in early childhood education positions in their district.

As noted earlier in this report, staff training was an integral part of the pilot projects' continuing activities. Parent education programs such as Parents As Teachers, Kenan Family Literacy Program, and Minnesota Early Learning and Development Program were reviewed in terms of their goals, activities, and delivery systems. In some cases, pilot project staff visited these programs or had consultants from them present workshops to their staff. *Statewide training sessions* offered information and resources on case management, home visiting, planning and conducting group meetings, human relations training, program management, assessment/evaluation, and other topics. *Project to project networking* also provided a means of training with projects sharing ideas and issues of importance to each other. The networking approach needs to be nurtured as research indicates that many effective parent education strategies emerge from these types of sessions.

Interagency and school and community collaboration are important parts of parent education. Thus, this process was examined within the pilot projects.

7) What types of interagency and school/community collaboration have parent education programs used to achieve their goals?

Pilot projects collaborated with various agencies in the community. This process was typically a two-way relationship with participating agencies. Ninety percent of project directors reported that collaboration with other agencies was helpful, playing either a moderate or major role in the success of their programs. Yet a majority of project directors said that interagency collaboration needed improvement. The following is a summary of the projects use of particular groups in the community as reported on the SPIF.

Project Use of Interagency Resources in Their Community
(Reported in percentages)

Agency	Percentage using agency
Other (Hospitals, business, churches)	95
Health Department	90
Department of Social Services	80
Babynet	70
Clemson Extension Service	55
WIC (Women, Infant, & Children)	50

Typically, these community agencies were used to meet specific parent, child, and family needs. For example, several pilot projects collaborated with Clemson Extension in planning and offering specific parent education programs on topics like safety, parent-child relations, and positive discipline. Likewise, collaboration with the Health Department on child and family health issues as well as on prenatal care were examples identified by projects in their documents.

Pilot projects also contributed to the efforts of collaborating agencies. 80 percent provided parent education services for clients of other agencies. Many project directors served on advisory councils for other community agencies. A few pilot projects have developed strong and continuing interagency relationships in their communities. However, *most of the pilot projects need to improve their interagency and community collaboration system.* This need is also present in intra-school and district relationships. In too many cases, intra-school collaboration on parent education activities is only minimally present. Closer working relationships between the parent education programs and district early childhood programs is needed.

Evaluation Stage

Evaluation of the success of parent education activities is essential to the refinement and improvement of programs. Of particular importance is the assessment processes used to monitor the program's achievement of goals and objectives.

8) What assessment processes have parent education programs used to record progress toward achievement of their goals?

Pilot projects used several means of recording progress toward achievement of parent education goals. *Participation records* were a means of recording parent attendance in home visits, group meetings, use of materials and resources, and staff-parent conferences. *Recording of staff completion of activities* was another process used. The number of home visits, group meetings, and related parent education tasks carried out by staff were documented by projects. Most projects used some form of case management to coordinate this process. Projects also used *parent evaluations of activities* to gain a perspective on the effectiveness of various services. For example, some projects had parents complete home visit evaluations. Most projects had parents complete an evaluation form after each group meeting or small group seminar session. Document analysis showed that *90 percent of the projects had an external evaluator assess their program at least once during the three year period.* In addition, *staff evaluation* of the parent education activities was carried out in all of the projects.

The evaluation philosophy used in a majority of the projects (about 70 percent according to document analysis) was that of management by objectives. That is, projects used a check list to record completion of particular parent education objectives. In addition, *open communication between parents and staff* provided valuable assessment information. This was particularly evident in the staff evaluation of progress made with individual parents and families.

Like most beginning parent education projects (See the "Literature Review" section of this report), South Carolina's program was strong on collecting and documenting data related to parent participation, completion of tasks, parent feedback on usefulness of various activities, and staff perspectives on what was working in the program. The need exists, however, *to refine the assessment process to better evaluate the influence of activities and experiences on parents and families as related to desired outcomes.* In other words, the program needs to develop more specific and longitudinal evaluation processes that address the relationships among program design, program implementation, and program outcomes(related to parent behaviors that are furthering children's readiness for school). This is particularly needed at the dyad level of parent educator-parent planning of activities for individual parent/family clients. The philosophy of individualization of parent education is present in most of the pilot projects but its actualization needs more refinement and development. *More specific case management assessment processes would provide a basis for better articulating progress toward objectives with individual parent/family clients.*

Of significance to the evaluation component is the criteria and standards used to determine program effectiveness.

9) What performance criteria and standards have programs used to determine their effectiveness in achieving their parent education goals?

Like most pilot project efforts, the South Carolina parent education program focused on *observable phenomena as initial criteria* for determining their effectiveness. Thus, the criteria most often used were the (1) delivery of parent education activities, (2) parent participation in activities, and (3) parent and/or staff perceptions of the usefulness and effectiveness of the activities. Document analysis indicates that all of the pilot projects used these criteria (in some form or another) as baseline data for determining their effectiveness. Only about 20 percent of the pilot projects used more sophisticated criteria such as increased parent knowledge/skills in specific parenting areas, parent and parent-child behavior changes, and improved parent attitudes toward their children. Even fewer programs used outcome-based criteria related to children's improved school readiness. As noted in the literature review, most pilot projects in parent education initially focus on what is happening in the program in order to establish a functional identity. Yet, *program leaders need to now devise and use more school readiness related criteria in the evaluation process.* This is the next natural step in the evolution of the evaluation scheme for the program.

The recording of evidence to support the achievement of parent education goals was inherent in the programs design.

10) What evidence has been provided by parent education programs to support the achievement of their parent education goals?

Four types of evidence have been used by pilot projects to document the achievement of parent education goals: delivery of activities, parent participation, parent satisfaction, and usage of activities by parents and children.

Data from the SPIF indicate that *the program provided and documented parent education activities in the form of home visits, group meetings, individual conferencing, newsletters, lending libraries, and other means* such as media awareness. Projects documented completion of activities through weekly record keeping and case management records. Projects delivered an average of 1.5 home visits a month and 12 group meetings a year. Depending on program emphasis, some programs delivered 4 home visits per month while others did not deliver this service. Group meetings ranged from 1 to 72 per year across the projects. Document analysis indicates that the average project disseminated 5 newsletters a year, provided lending library services a minimum of once a week, and published or broadcast media pieces on the program 4 times per year. *Parent education was clearly the major emphasis of most programs as shown in the document analysis records and as empirically documented in the SPIF and PFGIF results.*

Parent participation in parent education activities was another means of documenting achievement of goals. As noted earlier in the report, an average of 76 parents per project participated in the home visits. Projects reported (SPIF results) that an average of 116 parents per month participated in group meetings.

Again, programs whose primary emphasis was parent education achieved higher participation in these activities. Data from the PFGIF indicate that 76 percent of the parents(n=143) reported participating in home visits at least once every two months. The following table summarizes parent participation in group meetings.

Parent Participation in Group Meetings per Year
(Reported in percentages, n=153)

Number Attended Per Year	Percent attending
1	12
2	11
3	11
4	12
5	7
6	12
7	3
8	2
9	5
10	6
11	19

Almost 90 percent of the parents attended two or more group sessions each year. 77 percent attended three or more group sessions, and 66 percent attended four or more sessions. Compared to the early experiences of other projects like South Carolina's, this participation pattern is very strong.

In addition, PFGIF data suggests that 88 percent of the parents read the newsletter regularly and 54 percent used the lending library regularly. Document analysis data suggests that parents were also regular participants in conferences at the parent education centers and in site-based parenting activities with the children.

Parent satisfaction with parent education activities was also used to assess the achievement of program goals. Data from the PFGIF indicate that 98 percent of the parents (n=109) who participated in home visits found them to be helpful, while 97 percent (n=146) found the group meetings to be helpful. In addition, 97 percent said "family educational activities" provided by the projects were helpful. Document analysis data noted that parents pointed to in-home learning activities and group meetings as very helpful to them in better preparing their children for school. Several parents commented in the focus groups that they were learning and using activities that are making a difference in their children's becoming ready for school. One mother said, "I wish I had this program for my older child; he would be doing better if I had known then what I know now." *Staff also believe that the parent education activities are having a positive influence on parents.* Ninety percent of the project directors (SPIF) said the program was helpful to parents. **75 percent said their parent education program was effective in meeting its goals**.

Parent, child, and family involvement in parent education activities was another means used to assess program effect. Unfortunately, projects did not fully document this aspect of their programs influence. Some documents included parent testimonials. For example, one mother noted "we visit the library every week now that the home visitor introduced us to it." Another mother said: "I spend more time talking with my child now when we go grocery shopping. I realize now that it is important." Many other examples of involvement by parents and children were noted.

The data support that projects achieved a very high parent participation in parent education activities and that projects achieved the delivery of many appropriate activities. Future efforts need to focus on better assessment of involvement, behavioral change, and long-term program influences on children's school readiness.

11) What have parents perceived as most helpful to them with regards to the parent education activities in which they participated?

Parent responses on the PFGIF and program self-report data in the documents indicate *parents were most pleased with three parts of the parent education endeavor:* (1) the delivery of activities, (2) the activities that enabled them to be better teachers of their children, and (3) the involvement strategies which enabled them to participate.

On the PFGIF, parents indicated that *the diversity of delivery systems and the manner in which services were delivered were most helpful.* As noted previously, home visits and group meetings were perceived as very helpful by the parents. Document analysis indicates that parents felt the home visitors were effective in delivering meaningful parent education activities and that their flexibility in scheduling visits was most helpful. Analysis of data presented by projects in their self-report documents suggests that statewide, parent attendance (being home at the agreed upon time) in scheduled home visits slightly exceeded 80 percent. This is a key indication that parents saw these visits as educational and relevant to their concerns. Nationally, the literature suggests that any percentage of attendance above 70 is very high.

Parent perceptions of the effectiveness of parent education activities are noted in project documents. The three benefits mentioned most often by parents in the documents are: (1) improved my relationship with my child, (2) helped me better prepare my child for school, and (3) helped me better understand my child's development.

Parents were most responsive to the supports programs provided that enabled them to participate. Over 50 percent of the parents (PFGIF) said that child care and adaptive scheduling of activities enabled them to participate. Almost one third said that transportation enabled them to take advantage of group programs at the school or center. Document data adds an important parent perception: that the positive, warm, and supportive behavior of the staff increased their desire to participate.

Based on parent perceptions as expressed in the PFGIF and document data, **South Carolina's program is seen as supportive, relevant, and effective.** Staff competency and sensitivity to individual parent needs is often noted by the parents as the key to this success.

12) How do parents perceive the impact of the parent education program on themselves, their children, and their families?

Parents noted in the focus groups that improved parent self image was one major influence of the parent education component. They continually commented to the evaluators that they felt better prepared to help their children and consequently felt better about themselves.

Parents also noted that their children are better prepared for school. Parents often made observations about this aspect of the program's influence. In one focus group, for example, several parents talked about how "this child" uses language more and is more interested in things than a older sibling. A few parents who participated in the focus groups had children who had been in the program and who were now in first grade. They commented that these children are succeeding and doing dramatically better than their older siblings.

Parent Education Component Recommendations

1) *Increase the program's parent education component emphasis* with a clear goal of increasing the school readiness of children at risk for failure. All projects should have a major emphasis in the parent education emphasis.

2) *Explore the development of a collaborative birth to three years of age parent education program* with "key supportive agencies/groups" in each community.

3) *Develop an intra-school early childhood preschool parent education component* (3 years to school entry) that provides all parents with basic information on helping children get prepared for school and that provides intensive services for parents of children at risk for school failure.

4) *Continue the use of "parent support" strategies* like child care, transportation, and adaptive scheduling. Staff have achieved a remarkable level of parent participation.

5) *Reinforce the competent and sensitive job staff have achieved* by providing more statewide attention to the program's pioneering work.

6) *Provide more technical assistance to staff* in their efforts to develop more

refined parent education curricula and assessment systems.

Literacy Training & Adult Education. The second component examined in the evaluation was the literacy and adult education activities carried out by the pilot projects. The same set of evaluation questions as used in the parent education component was used in assessing this component.

Design Stage

1) What are the major literacy/training and adult education goals of the parent education program as reflected in the work of the pilot projects? All of the pilot projects have some form of literacy training and adult education focus whether through direct or indirect services. The breadth and intensity of these services varies from program to program, depending on their goals and objectives. While 90 percent (according to document analysis) of the pilot projects include literacy training and adult education as a focus of their efforts, less than 30 percent identified it as a major program emphasis on the SPIF.

Two goals that are prevalent are: (1) addressing the general literacy needs of high risk parents, and (2) helping parents complete formal educational experiences and to attain needed job training experiences. In addition, some programs have developed family literacy goals as a major emphasis. Pilot projects using the Kenan Family Literacy approach have literacy and adult education as major components in their programs. *Given the research findings that adult education and job training increase parent functioning, this goal area needs considerably more attention within South Carolina's program.*

2) How were the parent education program literacy/training and adult education goals developed? Pilot projects used needs assessment strategies like parent surveys, demographic data on percentage of parents who had completed high school, parent feedback, input from advisory councils, feedback from adult educators, case study material, and other means to determine literacy/training and adult education goals and objectives. Beyond these typical assessment modes, some projects developed their goals through planning efforts with local schools and with individual parents. Parent input, often gained from parents at group meetings, provided a major source of information on this need. Projects also used parent feedback on how to best organize literacy and adult education activities. An integral part of this component was the manner in which adult education activities were designed and delivered to parents. Thus, a key aspect of the evaluation was the assessment of how programs delivered literacy/training and adult education services.

3) What delivery systems have been used to carry out the literacy/training and adult education goals? Several delivery systems were used: providing parents with informal learning experiences, providing them with literacy materials (and training), helping them access community literacy resources, helping them enroll in adult education courses, and involving them in literacy enriching experiences in school sponsored activities. *In many cases, literacy enrichment activities were delivered in a way that the entire family was involved.*

Group meetings, home visits, and lending libraries were the most prevalent delivery systems used for promoting parent-child and family literacy enhancement. For example, in one project parents learned how to share books with their children through a group sharing activity. In another project, home visit activities included literacy enriching materials for the entire family. A few projects used the Kenan Family Literacy approach and involved parents and children in various shared learning experiences.

One of the more promising practices used is the Family Education Center. This concept provides a "center" in the school or parent education program where family literacy materials, resources, and training are available. A diversity of literacy activities took place at the center: group meetings, examination of literacy materials, training, individual counseling, parent-child learning times, and other experiences. Adult education courses and related adult literacy enhancing programs are offered in the "center". This practice gives more visibility to the literacy/training and adult education component of the program. It also provides a central defining place for parents to identify with in terms of both their adult learning needs and their children's educational and developmental needs.

Adult education courses and job training activities were important delivery modes in some of the projects. The approach, context, and process used in some of the pilot projects proved very effective in attracting and sustaining parent participation in adult literacy and educational endeavors. For example, one program used individualized counseling in helping parents plan and study for their GED examination. Within a Family Education Center this same program set up an adult education library, study tables, and on-site counseling and tutorial support. The "matching" of the scheduling of adult education courses with available child-care (and in some cases transportation) proved especially attractive to many parents. The housing of adult literacy/training and educational activities in local elementary schools proved to be very enticing. *Field notes of discussions with parents indicate that the traditional structuring and offering of adult education needs to be reconsidered in light of parent and family situations in today's world.*

4) What program activities were developed and used to achieve literacy/training and adult education goals and how were these activities used? Adult and family literacy goals were actualized through the use of activities similar to those used in the parent education component of the program. Activities that included information dissemination, demonstration, participant involvement, and the distribution of resources and materials were predominant. For example, all 21 programs presented information on general literacy skills such as the importance of talking with your child, how to share reading materials as a family activity, ideas on community literacy resources like the library, and many other literacy enriching experiences.

During home visits, another program demonstrated ways for parents and children to use daily reading as an enjoyable activity. *One of the most effective activities (whether carried out in a home visit or in a group meeting) was the demonstration and involvement of parents in parent-child learning activities.* The core of this approach was that parents had to first learn a literacy skill in order to apply it with their children in direct interaction. Thus, in a group setting parents would learn how to read a story to each other (in a parent role playing type of activity) and then at a later time engage in this same activity with their child. *Leaving literacy materials in the home and making them available in family learning centers proved quite effective.* Parents, during the focus groups, often commented on the value of having such materials for daily use in the home.

Literacy/training and adult education activities consisted of established study guides for use in achieving GED certificates, adult education diploma courses, individualized study materials for attaining a specific job skill (e.g., computer skills), and supplementary materials for attaining needed adult education. *The use of peer teaching, networking, cooperative learning, and individualized instruction were learning activity approaches that parents positively commented on in the focus groups.* The literature findings in this component of parent education strongly supports the use of adaptive, individualized, and personalized learning activities. *South Carolina's parent education program needs to develop even more intensive and individualized adult education activity approaches.*

Implementation Stage

Attracting and sustaining parent participation in literacy and adult education activities is a major challenge to parenting programs.

5) What involvement methods did projects use to achieve parental participation in literacy/training and adult education and how were these methods deployed? Projects used various involvement methods to achieve parent participation. In addition to using supports like on-site or nearby child care, transportation, and adaptive scheduling, *some programs used effective practices such as individualized counseling, scholarships (or other financial supports), tutoring, home-based GED study modules, on-site adult education offerings, and "parent networking"* . Field notes from the parent focus group sessions indicate that many parents were enabled and empowered to participate meaningfully in adult education courses and activities as a result of these involvement strategies.

These involvement methods were used in various ways by the pilot projects. For example, child care was used to free up parents from the cost of finding such care (which often precluded their participation). Transportation was critical because traditionally adult education courses are offered at only one place in a school district. Adaptive scheduling allowed parents to pursue adult education study while not neglecting other critical parent and family responsibilities. Locating courses and materials/resources close to parents increased the access of this service to parents. Financial support enabled parents who wanted to participate but could not afford books or materials to take advantage of this service. *The integration of these involvement supports into a "center approach" proved highly effective.* The meshing of child care, on-site availability of courses, consistent counseling from the same professional, establishment of parent networks, and daily transportation created an ecology of successful pursuit of adult learning in some of the pilot projects.

Staff competency is critical to developing and refining an effective literacy/training and adult education component. Thus, the question examined in this regard was: ***What staff development activities have been used to help staff carry out the literacy/training and adult education component of the parent education program?*** Staff have acquired ideas on planning and using family literacy activities from various sources: the general parent education materials training they received, informal sharing of ideas among staff from different projects, workshops on parent-child learning activities, and through participation in interagency training programs. For most staff, the training has focused on activities to use with families. Some training emphasized organizing and using lending libraries and a few staff members acquired information on organizing family education centers. Document analysis indicate that staff of a few programs received training in family literacy program strategies through participation in workshops offered by model program trainers like those associated with the Kenan Family Literacy Project.

Adult education planning and implementation training was mostly acquired through informal working relationships with adult educators within the districts of the pilot projects. All of the pilot project directors had at least exposure to this aspect of program development through workshop topics presented by the South Carolina Department of Education. *A major need for staff training in the future is more emphasis on staff training in the literacy/training and adult education component.* This need is being partially addressed by the availability of family literacy training by staff from the National Family Literacy Center. Only a few programs have fully developed and integrated a family and adult literacy and education component into their parent education programs.

Interagency and school/community collaboration is a key to having a successful literacy/training and adult education component. Thus, a major evaluation question was:

7)What type of interagency and school/community collaboration has been used to achieve the literacy/training and adult education goals?

Data from the SPIF indicate that 75 percent of the pilot projects have an active interagency council or are a part of an active interagency council. *Between 75 and 80 percent* (based on combined calculations from SPIF and document analysis data) *have collaborative relationships with adult and family literacy groups* in their communities. These relationships typically involve a sharing of talents, resources, and activities related to enhancing adult and child literacy. On the SPIF, for example, *65 percent of the project directors said that tutoring was made possible through interagency efforts.* Other examples are highlighted in the project documents. These include cosponsoring literacy fairs, exchanging ideas at advisory council meetings, and networking with each other on various projects.

Adult education and job training are most effectively deployed in those programs with strong intra-school system and interagency collaboration systems. Document analysis suggests that only about 40 percent of the pilot projects have this needed combination of internal and external support for implementing effective adult education and job training courses and activities. When in place, the collaboration system provided the framework for offering adult education/job training activities that: supported the involvement of at risk parents, guided parents in planning and completing needed adult education courses, and helped them (where desired) achieve job placements. Examples of collaborative outcomes cited in project documents include: business sponsorship of internships, loaning of business staff to an adult educational program for tutoring, sharing of supplies and resources, providing child care, offering courses and activities at sites close to the parents, and providing transportation for parents.

The interagency and intra-school collaboration paradigm needs to be more fully developed in some of the pilot projects. While 85 percent of the project directors said they work with adult education staff in their districts, document analysis and site visit data suggest that the relationship between several of the projects and their adult education partners is not a truly facilitative endeavor. Project staff are often more insightful of the needs of at risk parents and how to meet those needs than adult education staff. In too many cases, rigidity of course offerings, a lack of willingness to use adaptive scheduling, and other "turf-related" behaviors preclude the projects from achieving a higher level of adult education involvement of parents.

Essential to increasing program effectiveness in enrolling and supporting at risk parents in adult education and job training activities is a more coherent and proactive intra-and-extra collaboration system.

Evaluation Stage

Attainment of Literacy/Training & Adult Education goals was assessed in various ways, with the emphasis on attainment of individual parents goals in this regard.

8) What assessment processes have been used to record progress toward the achievement of literacy/training and adult education goals?

Projects with a fully developed literacy and adult education component used parent enrollment in courses/activities, usage of the family and adult literacy facilities, parent completion of GED or Adult Education courses, placement of parents in job training, parent feedback on the value of particular experiences, and staff observations to determine the effectiveness of the program. Pilot projects emphasizing this component maintained a case management approach to assessing the progress of individual parents toward achievement of goals mutually developed. Feedback was an essential part of this process with parents providing insights on obstacles to their pursuit of educational goals and staff using this information to restructure particular aspects of the program. *The most effective adult literacy and educational assessment processes were focused on an individualized plan for each parent.*

9) What performance criteria and standards have programs used to determine their effectiveness in achieving literacy and adult education goals?

Pilot projects with a literacy/training and adult education component used performance criteria such as the offering of a specific service, parent participation, parent completion of a specific course or activity, parent satisfaction, and staff assessment. Appropriately, most projects *focused on improved parent self competence as the primary standard by which to judge the* *effectiveness of this aspect of the program.*

10) What evidence has the programs used to support the achievement of their literacy/training and adult education goals?

Family literacy activities and usage were used to document achievement of these goals. Data on the use of lending library materials, parent attendance at literacy events and activities, and parent comments on their usage of literacy materials in the family were collected by project staff. Two of the most noted items in documents are parent confirmation of increased public library use and increased literacy time with their children.

Adult education and training achievements were documented through percentage of parents completing high school, GED equivalency, or a job training placement. Parent satisfaction with their adult education activities was another means used.

11) What have parents perceived as most helpful to them with regards to the literacy/training and adult education activities in which they participated?

Parents viewed the family literacy activities and resources provided by the projects as most helpful. Ninety-six percent of the parents (PGIF, n=117) said the program's family education services were helpful. Parents using GED, Adult Education, and Job Training services also noted these services were helpful.

Parent Perceptions of Literacy/Training & Adult Education Services

(Reported in percentages)

Service	Not Helpful	Somewhat helpful	Helpful
Adult enrichment courses (n=48)	0	6	94
Job training (n=19)	0	37	63
GED activities (n=39)	0	5	87

Document analysis indicates that parents felt that support services like child care, individualized counseling, adaptive scheduling of courses, offering courses/activities at nearby sites, transportation, and helping attain financial support were essential to their involvement and completion of literacy and adult education activities.

12) How do parents perceive the impact of the literacy/training and adult education activities on themselves, their children, and their families?

Parents noted the positive impact of completing high school or other adult learning experiences on their self image. During focus groups parents often commented that they felt like better role models for their children and believed they were better equipped to acquire a job.

Parents also noted that their children admired their commitment to attain an education. Some parents, however, did note that their returning to school caused stress with a spouse or friend. They were pleased that counseling and support from staff were available to help them handle the problem.

Literacy and Adult Education Recommendations

1) *Increase the programs' emphasis on this component.* The integration of adult education into early childhood parent education has proven to be a most effective antidote to the risks of poverty, illiteracy, and unemployment.

2) *Strengthen the intra-school system collaboration process between parent education and adult education.* More responsiveness within adult education programs is essential not just for the parent education effort but for parents and citizens in general. The world has changed and new supports and resources are needed to enable young and old adults to attain needed and enriching educational goals.

3) *Continue to build program-community business partnerships* that integrate educational training and job placement opportunities for parents.

4) *Pursue the further development of Family Education Centers* where parent education, child development, adult education, and child/family services are offered in an integrated and relevant fashion.

Child Services. The Child Services component of the South Carolina Target 2000 Parent Education Program aimed to impact the child's school readiness through appropriate educational, health, developmental, and related activities. It hoped to achieve parental participation in these services so that parents could eventually become brokers of needed child support services and activities. Findings of pilot project achievements in this component of the program are reported in a manner similar to that of parent education and literacy/training and adult education.

Design Stage

1) What are the goals of the child services component of the parent education program as reflected in the work of the pilot projects?

71 percent of the project directors noted on the SPIF that Child Services were a major emphasis in their program. However, all of the projects noted goals for child services in their self report documents. All projects had a specific goal for delivering Developmental Assessments to children in the birth to 5 years of age range. Projects also had goals related to providing children with: educational services, health services, medical services, dental services, and other child-support services. Projects consistently noted a major goal of these services was to improve children's school readiness. *An important goal for some projects was to provide children with individualized services based on identified needs.* In addition, programs that focused on delivering individualized services usually integrated this aspect into their overall parent and family case management system. *The integration of child services with parent education activities through home visits and center-based strategies by several of the projects is noted as a very effective practice.* The parent education literature encourages this integration as research suggests that parents and children acquire new knowledge and skills better within contexts where they are sharing and supporting each other.

2) How were the child service goals determined?

Initially, projects relied on data available in school records and on referral data from other agencies. With the establishment of a program structure, projects reported using staff observation, parent feedback, teacher reports, developmental assessment inventories, and related procedures to develop child service goals. Staff used criteria identified as indicative of a child being "at risk" as a means of initial assessment in many cases. Thus, a child who was poor, in a single parent family, and/or identified by school personnel as likely to experience difficulties in school was chosen for further assessment. *Individualized child assessments (case study method) were used to determine specific goals for children in most of the pilot projects.* These were typically comprehensive in nature and carried out in collaboration with parents and other professionals as appropriate.

3) What delivery systems were used to carry out the child service goals?

Projects wisely used a plethora of delivery systems to reach children with critical services. In many cases, services were delivered during home visits (thus integrating parent and child services), in connection with group meetings, in individualized modes at school sites, in the community through interagency activities and events, and through other means. A major part of providing children with particular services like medical or dental help was transportation. Likewise, many staff worked intensively with parents in scheduling and arranging for certain services. In effect, the delivery of child services that required outside expertise was time intensive but effective. In some cases, staff used the delivery of services process as a teaching tool with parents. *The use of multiple and adaptive delivery systems increased child participation in getting needed services.* Parent comments and staff observations (noted in project documents) confirm that without flexible and supportive service delivery many children would not have received needed services.

4) What program activities were developed to achieve child service goals and how were they used?

Projects used three basic activity areas to achieve child service goals: Developmental Screening, Health Services, and Direct Educational Services. All children of parents participating in the continuing activities of the parent education component participated in Developmental Screening. In addition, many of the pilot projects reached many other children with this service. The Denver II Developmental Screening Test and Dial R Assessment Battery are the instruments widely used. Other instruments that are developmentally oriented are also used. Parent input is sought and used in the developmental assessment activity. Direct Educational Services usually are interrelated with the results of the developmental assessment. That is, educational activities promoted in the home visits with the parents and the child are usually selected to meet a need identified through the assessment. Activities are also selected for child interest and for promoting parent-child enjoyment and positive literacy habits in the family. Health Services are provided in both preventative and corrective modes. A few projects begin the health service with prenatal care and education for mothers and extend and expand this through direct services for the children. Several programs, for example, involved parents in getting on a regular schedule of visits to the physician for child health assessments. Projects generally have forged a proactive collaborative relationship with their Health Department in meeting health needs.

Implementation Stage

5) What involvement methods have projects used to achieve participation in child service activities and how were these methods used?

Beyond the involvement methods already highlighted in this report, *projects used various media pieces and collaborative community awareness modes to gain child participation.* Posters on availability and time/place of particular services were posted throughout schools and community places. Business support of parents getting involved helped in one community. In another community the churches made announcements and sought parent and child involvement in developmental and health assessments. *Collaborative involvement efforts by the projects and their agency partners have influenced an increase in children receiving immunizations in some project communities.* Document analysis shows examples of where collaboration increased child immunization numbers over previous years. Transportation, child care, light meals, and incentives (like free children's books or a pass to Hardee's) also were very effective in attaining child and parent participation.

6) What staff development activities were used to enable staff to effectively implement the child service component of the program?

SPIF data indicate that all projects have had training in the child service component of the program. This training was achieved through workshops on developmental assessment instruments and procedures, strategies for achieving maximum child involvement in services, case management modes, use of child assessment information for individualized educational plans, brokering community agency services to meet child needs, and planning and implementing developmentally appropriate educational activities with children.

In addition, staff in all of the projects meet regularly to discuss child needs and ways to meet these needs. Some projects have engaged in interagency training and planning with regard to providing child services. Some projects, as noted in their documents, relied heavily on the Parents As Teachers approach to child services and took training in how to use that approach. While projects generally were effective in planning and delivering this component, *it is suggested that a more systematic interagency child service system be developed and deployed statewide.* Such a system would assure more uniform delivery of child services and better utilize the existing resources and skills of various agencies.

7) What type of interagency and school community collaboration have parent education programs used to achieve child service goals?

In terms of meeting general child service needs like developmental assessments, preventative health services, and direct child educational services, *a majority of the pilot projects have deployed an effective interagency and community collaboration system.* There appears to be agreement among agencies to pursue community wide child assessment and preventative health assessments through collaboration. However, *the meeting of individualized and specialized child needs is not as effectively addressed through interagency efforts.* Projects noted in their documents the frustration of trying to help a child with medical care or other specific services within a climate of rigidity. Too often the deliverer of particular services is not clear or not clearly known.

A major effort is needed for communities to articulate a child service system that identifies agencies who provide services and provide those agencies with support to offer the services. In spite of an often rigid climate regarding child services, *pilot projects achieved a very functional level of interagency and community partnership in delivering basic services like child development, health, developmental assessments, and related supports.*

Evaluation Stage

8) What assessment processes have parent education programs used to record progress toward achievement of child service goals?

Projects have used documentation of service delivery, documentation of child participation, assessment of parent satisfaction with child services, and staff observations about service effectiveness as means of recording progress toward desired goals. Weekly and monthly records of services delivered are kept by each pilot project. Informal discussion with parents on child services has been used to gain insight on usage of services delivered. For children of parents involved in the program on a regular basis case management records are kept and include some record of child services like developmental assessments, immunizations, and educational skills achieved.

9) What performance criteria and standards have programs used to determine their effectiveness in achieving child service goals?

The performance criteria for child service goals in the pilot projects have focused on: delivery of service, level of participation achieved, effectiveness of service, parent satisfaction, and longer term impact of the services. Projects have, for the most part, kept thorough records on the number of children served. Likewise, the number and types of services are documented. Parent satisfaction is typically acquired through informal discussion and/or through parent questionnaires. Longer term influences of child services on children's school readiness has yet to receive the full attention of the projects. *The need exists for the program to develop a longitudinal data system by which the influence of services on school readiness might be more fully explored.*

10) What evidence have the parent education programs provided to support the achievement of the child service goals?

Participation data is one means projects have used to support their achievement of this goal. Data from the SPIF indicate the following participation of children in various services.

**Mean Number of Children Receiving Services
Per Pilot Project**

Child Service	Mean number participating
Developmental screening	133
Medical services	47
Child development	62
Health screening	57
Immunizations	62
Other (Speech therapy, dental)	14

Calculation of total mean number of children served with various services indicate that 375 children per project per year received services. Projects with a major child services component emphasis reach 500 plus children.

The impact of child services like immunizations, health screening, medical services, and speech therapy on children's school readiness is powerful. Data from similar parent education and family support projects indicate that the removal of health, medical, and social barriers to learning greatly improve a child's readiness to benefit from school. Pilot project documents record examples of teacher comments related to children's improved readiness. One teacher noted: "He is more alert and more involved in the learning activities than his older brother who had the same speech problem." Another child development teacher commented: "He's more active than when I saw him last year at this time. He seems happier and is certainly picking up language more effectively than his older sister."

Results from the PFGIF indicate parents were very satisfied with the services their children received. All of the parents responding (n=93) to the health services question said these services were helpful. Also, all of the parents responding to the educational (n=134) and developmental services (126) questions found them to be helpful. Total calculations indicate that 95 percent of participating parents believed the project had definitely achieved the child service goals.

Increased collaboration among school and community would likely make this component of the program even stronger. Only a few projects took note of interagency and community collaboration data that influenced the delivery of child services. Yet it is important information because the delivery of multiple services to children obviously requires a strong partnership approach be used. Future program evaluation and development efforts should focus on organizing and documenting interagency and community collaboration systems used to achieve child service goals.

11) What have parents perceived as most helpful to them with regards to the child service activities in which they and their children participated?

Document analysis and focus group field notes indicate parents believed the most helpful aspects of the child services component were: correction of child health and medical problems, health assessments, direct educational services (particularly the one to one attention received in home visits), and the support resources available so they and their children could participate. Parents often commented on the importance of health checkups and the educational activities their children were doing as a result of the program. They also commented on the ability of staff to help them achieve services for their children that previously they had difficulty attaining.

Child Services Recommendations

1) *Continue to place major emphasis on preventative services* like early and continuing health assessments, immunizations, developmental assessments, corrective medical and social services, and educational intervention activities.

2) *Strengthen the involvement of parents in the delivery and monitoring of child services.* A few pilot projects have modeled the integration of child services with

parent education by closely involving parents in learning how to carry out specific services. This practice is effective and needs to be pursued in all of the programs.

3) *Develop a more systematic case management, interagency collaboration system for delivering child services.* Project staff often spend excessive amounts of time in helping parents attain services that should be more readily available. Project networking could stimulate the sharing of "model case management interagency schemes" among program staff.

4) *Develop transition plans for educating children's child development and kindergarten teachers* about information gained and services provided for children. Child needs and achievements need to be articulated with school personnel as the child moves into the kindergarten and primary school years. The child services component of parent education should not end with a child's school entry.

Parent/Family Services. The main purpose of this component of the program was to provide parents and families with needed services to strengthen their position to be competent learners. While other agencies in the community usually provide such services, at risk families often neglect to use them or are unable to use them. Thus, providing direct and indirect assistance to parents and families in need of such services was an important aspect of the program. The findings of the evaluation for this component are reported in a manner similar to that of the other components.

Design Stage

1) What are the goals of the parent/family services component of the parent education program as reflected in the work of the pilot projects?

Pilot projects developed parent/family service goals that aimed to support parents, children, and families in becoming capable learners. Supporting parents in becoming their children's primary teachers was often stated as the basic reason for offering services to families. *52 percent of the project directors on the SPIF indicated that parent/family services were a major emphasis in their program.* However, all of the pilot projects had specific goals in this component as noted in their documents. *The most prevalent goal focused on providing parents and families with needed basic services* like prenatal care, medical assistance, food, clothing, counseling, and other such services. *An integral part of this goal in most of the programs was to carry out needed support activities* so that parents and families could use services once they were provided. This often took the form of transporting parents to a physicians office or to the Health Department. Projects also included case management and interagency referral strategies as integral parts of this goal.

2) How were the parent/family services goals determined?

Projects initially developed their goals from the knowledge acquired from the literature on family support programs and from training programs offered by the South Carolina Department of Education. *Specific parent and family services goals were derived through several means:* information from partnership agencies (particularly the Health Department and the Social Services Department), home visitor observations, parent requests and feedback, requests from school personnel, and case study strategies. Case management became the most prevalent approach to determining and addressing specific parent and family needs. *Pilot projects were generally very effective in identifying parent and family needs and often integrated these needs into the plans used for educational and other support activities.*

3) What delivery systems were used to carry out program goals and how were these systems used?

Pilot projects used home visits, group meetings, and individual conferences with parents as ways of acquiring a general picture of possible family needs. General parent and family needs were met through parent networking, information dissemination (newsletters, announcement, media specials), group meetings, home visits, and through activities held in family education centers. *Specialized needs of at risk parents and families were usually organized and delivered through some form of a case management system.* For example, one project identified a mother in urgent need of prenatal care. The staff developed trust with the mother, helped her set up an appointment to see a physician, and assisted the mother in getting to the appointment. They then followed up on the situation and continued to help her connect up to other needed services like WIC and Medicaid.

Projects often noted *the need for more case management training of staff* to better handle the needs of at risk parents and families. The fact that almost half of the projects did not identify this component as a major emphasis suggests the need for more training on the needs of at risk parents and families and on how to best meet these needs. *In particular, training and community involvement in developing effective interagency systems for responding to parent and family needs is critical.* Most projects would welcome such efforts as they have often been frustrated in the delivery of services by the lack of such systems. Also, projects need to pursue the use of parent networking in the delivery of services with the focus being on helping parents become more autonomous as they learn about the use of different services.

4) What program activities were developed and used to achieve parent and family services goals and how were these activities used?

Projects used several means to achieve their parent and family services goals. *Educational activities* like disseminating information on parent and child needs and on available community services to meet these needs was a continuing effort in most of the pilot projects. For example, document analysis indicates that 19 projects educated parents about the importance of prenatal care and provided information on available prenatal care services in the community. A similar finding was noted with areas such as immunizations, health care, and social services that addressed basic family needs. *48 percent of the pilot projects (SPIF) carried out intensive parent and family services activities.* Yet, document analysis suggests that 18 of the 21 projects actually offered services to families like prenatal care, counseling, food supports, and related family services.

PFGIF data on parent and family usage of different services in this component are highlighted as follows.

Usage of Parent/Family Services in Pilot Projects
(Mean number per program per year)

Service	Mean	Maximum
Referrals to a service	48	180
Food	28	250
Counseling	26	125
Transportation to services	26	100
Clothing	16	67
Prenatal care	13	71
Health/medical	11	50
Health checkups	6	40
Heat	3	9
Other services	2	14

Document analysis indicates that these services were not used uniformly across projects but rather reflect local family needs and the emphasis of the different pilot projects. For example, projects serving teen parents had higher usage rates for prenatal care than other projects. One rural project had a very high usage rate of transportation to services. On the other hand, a few projects whose families were not as high-risk, had fewer users of these services. The individualization of parent/family usage of services is reflective, for the most part, of good planning and needs-assessment within pilot projects. However, some projects need technical assistance training in this regard.

Implementation Stage

5) What involvement methods did projects use to achieve parental participation in their program services and how were these involvement methods deployed?

As indicated in previous sections of this report, projects used transportation, child care, adaptive scheduling, home visits, continuing communication with parents, media coverage, and incentives like prizes at meetings as strategies to increase parent participation. In addition, *participation in parent and family services was encouraged through individualized approaches to meeting specific parent and family needs and through the development of a trusting relationship with parents by home visitors.* In projects where the component of parent and family services was a priority, the following involvement scheme was prevalent: development of a positive and supportive relationship with the parent, assessment of specific needs as articulated by the parent (and as observed by the home visitor), organization of a plan of action to meet the identified needs (usually involving an interagency system), implementation (which often involved transportation and assisting the parent in making initial contact with the service agency), and evaluation and feedback on the outcome of the efforts to meet the needs. *Many parents commented during the focus groups that the help provided by the home visitors enabled them to resolve family and personal needs.* One mother commented, "She [the home visitor] went with me to the Health Department and then to the Medicaid office. Without her I would not have had the courage to make plans to solve my medical problem."

6) What staff development activities were used to enable staff to effectively implement the parent and family services goals of the program?

Staff used the same basic staff development experiences attained in the child services training in the parent and family services component. *In particular, staff noted that workshops on case management and on working with at risk family situations were most helpful*. In addition, staff spent considerable time in learning about community family services they could use in meeting family needs. Several pilot projects have developed community service manuals for use with parents and for distribution to parents. Staff have often performed beyond the call of duty in helping parents and families meet particular needs. *More technical assistance for staff is needed in the area of better organizing interagency and community collaboration systems for meeting family needs.*

7) What types of interagency and school/community collaboration have programs used to achieve their parent and family services goals?

18 of the 21 (Document Analysis) pilot projects have some form of established interagency and community collaboration plan. 15 of 20 (SPIF) reported having active interagency advisory councils which meet regularly to share information on services and to plan for the effective use of these services. Pilot projects with a major parent and family services emphasis have developed in depth collaboration systems they use to help meet family needs. On the SPIF, projects reported using interagency resources to meet various needs.

Services Provided Through Interagency & Community Collaboration

(Reported in percentages and number of projects using interagency resources)

Service	% parents using interagency	Number of projects using interagency
Food	75	15
Medical services	70	14
Tutoring	65	13
Housing	60	12
Health checkups	60	12
Heat	55	11
Immunizations	55	11
Medicine	45	9
Other	80	18

The examples of services provided to families are many and diverse. The following were reported by projects in their documents. Housing Authority provided housing for a single parent family. Some programs like "I Care" and "Helping Hands" assisted families with rent and utility bills. Local Department of Social Services helped families get reinstated for food stamps and the Salvation Army often helped with food baskets and clothing. Local clinics, hospitals, medical centers and schools cooperate in physical, occupational and speech therapies for families and children in need. Clemson Extension provides information on various family safety and health topics on most of the programs. Pilot projects have used a vast array of local services to help parents and families meet various needs. *The need that exists in most communities is for a better planned interagency and community collaboration system.*

Evaluation Stage

8) What assessment processes have been used to record progress toward achievement of parent and family services goals?

Projects have used basically the same assessment processes in recording goal attainment in parent and family services as used in the child services component. Staff have been effective in using documentation to note progress made toward achievement of individual family services goals. Some case management strategies have been used *but most project directors expressed an interest in improving this aspect of their operation.*

9) What performance criteria and standards have programs used to determine their effectiveness in achieving their parent and family services goals?

Pilot projects used the criteria of service delivery, parent participation, parent satisfaction, and effectiveness of services delivered. *Document analysis indicates that projects developed criteria in collaboration with cooperating agencies and parent participants.* Future criteria should include the assessment of the viability of interagency efforts and the progress made in helping parents achieve some independence in meeting their person and family needs. *Outcome criteria such as improved family functioning and improved family living conditions were used by four projects.* Criteria that are used in monitoring the long-term influence of parent and family services on children's school readiness are needed.

10) What evidence has been provided by programs to support the

achievement of parent and family services goals?

PFGIF data indicates that parents were very satisfied with the parent and family services they used. 95 percent of the parents said the health, educational, and developmental services they used were either helpful or very helpful. Document analysis suggests that projects served families in an effective manner with extensive effort going to the planning and delivery of services. *Outcome data noted in some project documents indicate that improved living conditions (heat, better housing, food, health services) positively influenced family functioning as assessed by parents receiving the services.*

11) What have parents perceived as most helpful to them with regards to the parent and family services in which they participated?

Parents often noted during focus group sessions the dedication of staff to helping them meet critical personal and family needs. Parents found the workability of their small but highly supportive parent education program to be a key factor in their accessing services of vital importance to their families. On the PFGIF 95 percent of the parents said that educational, developmental, and health services were most helpful to them. Project staff (SPIF) also felt these services were effective in meeting parent and family needs. Given the short duration of the program, a high level of parent participation and satisfaction with parent and family services was achieved. Parents and staff have shown that when services are located close to participating families and easily accessed, the use and effectiveness of these services is greatly enhanced.

12) How do parents perceive the impact of the parent and family services on themselves, their children, and their families?

Parents perceived the parent and family services component of the program to have a distinctly positive impact on them, their children, and their families. *92 percent responded on the PFGIF that these services were of a positive influence on them and their families.* Document analysis indicated that parents became more involved in promoting their children's educational development as particular family stressors were resolved. For example, one parent was noted as saying: "We spend more time together now that I have taken care of my medical problem." Another parent noted how the family's relationships were positively effected by getting needed food and clothing.

Project staff also noted improved self esteem among parents who benefited from project services. One staff member exclaimed during the focus groups that three parents she worked with on prenatal care practices were now taking much better care of themselves. Allied agencies have also given feedback to the pilot projects that their referrals have influenced the parents toward having more self confidence in solving different family needs.

Parent/Family Services Recommendations

1) *All programs should provide an active and effective parent and family services component in their parent education program.* Document analysis showed that pilot projects that emphasized these services had a greater positive influence on parent behaviors and on parent-child relationships and overall

family functioning.

2) *The program should continue to pursue stronger community and agency involvement in the delivery of essential parent and family services.* Most project leaders noted the need for a more comprehensive approach to meeting parent and family needs in their communities.

3) *Increase the emphasis on preventative services to at risk parents and families as well as for the general population in the community.* Educational, health, and developmentally supportive services that focus on prenatal care, maternal and infant/toddler health, parent-infant attachment, positive and nurturing family relationships, and family literacy should receive priority attention.

4) *Community-wide interagency and collaborative involvement training should be pursued vigorously.* Several pilot projects have good case management and interagency ideas but lack a supportive school-community setting in which to implement these ideas. The entire village has to get excited about prevention oriented parent and family services.

Summary and Conclusions

The Target 2000 Parent Education Program, as carried out in the work of the pilot projects, has had far reaching effects on the participating parents, children, and families. It has also had a distinct influence on the staff and participating school districts. The following are highlights extracted from this evaluation of the program

*Based on document analysis and SPIF data, an average of 385 parents and 394 children were served per project per year. Of this number, each project served approximately 66 at risk parents and 72 at risk children each year.

*All of the pilot projects had an emphasis in parent education, slightly over half of them had an emphasis in child services and parent/family services, and slightly less than one-third had literacy/training and adult education as a major emphasis.

*Home visiting and group meetings were the most used delivery systems. All of the pilot projects appropriately used multiple delivery systems in an attempt to improve parent participation. PFGIF data indicates most projects were successful in achieving that goal. In addition, over 70 percent of the projects used involvement methods like transportation, child care, and adaptive scheduling as participation incentives.

*The Parent Education Component of the program focused on the use of appropriate, concrete, and relevant activities that aimed to improve parent competence and confidence as their children's primary educators. *The activities were oriented toward enhancing children's school readiness.*

*The Literacy and Adult Education Component, where emphasized, was effective in supporting parents in acquiring both basic family literacy skills and in achieving adult education and job training goals.

*Child Services and Parent/Family Services were effectively deployed by several projects as a means of strengthening the parent and child's total learning system.

*Projects that utilized effective interagency and community involvement strategies were most influential in creating a comprehensive parent education, family literacy, and family support program. *Future program efforts should build off of the success of these projects.*

*Parent evaluations (PFGIF and Document Analysis) indicate that over 90 percent of the parents were very satisfied with all aspects of the program and that 95 percent believed that the program had a positive influence on them, their children, and their families.

*Staff responses on the SPIF also support the positive influence of the program. Staff were particularly pleased with observed improvements in parent competence, parent-child relations, and in children's learning gains.

Based on the findings of the evaluation, **five conclusions are offered as follows.**

1) The pilot projects achieved the goal of effectively designing and implementing comprehensive early childhood parent education with the parents and families of preschool children at risk for school failure. The projects were also effective in planning and deploying parent education activities and services relevant to parents of children birth to 5 years of age for the community at large.

2) The most effective program practices included: using parent education activities that strengthened the family's literacy environment; carrying out home visits that included both school readiness learning activities/resources and activities and services based on the individual needs of parents, children, and families; using multiple delivery systems and support methods such as child care, transportation, on-site location of activities, group seminars, home visits, and lending libraries; involving parents in both parent-child literacy experiences and in adult education; using existing interagency and community resources to effectively meet parent and family needs; encouraging and promoting "parent networking"; and planning with parents with regards to meeting various parent, child, and family needs.

3) The pilot projects that had the highest level of intra-school and intra-district support were able to achieve the most progress in integrating the parent education program into already existing early childhood and adult education programs. The best example of this is where a district has supported the expansion of the concept to other schools in the district with combined district and externally acquired

grant funds. Of particular significance is the emergence of Family Education Centers in some of the projects.

4) Staff training, interagency collaboration, and adequate staff and parent support resources were noted as significant contributors to project success, and where lacking, as impeding forces. Continuing technical assistance in the form of staff training on parent education strategies (particularly case management, interagency partnership systems, and effective organizational activities), and in the area of developing more family literacy and adult training opportunities can be a major force in further strengthening the program.

5) The influence of the project on children's school readiness has all of the apparent indicators in place but will need longitudinal data collection and analysis to fully document its presence. *Parents and staff point to the following as most likely to be positively influencing the school readiness pattern:* increased parent knowledge and skills in being teachers of their children; increased amount of direct educational attention children are receiving; improved family living situations as needs are now being met; increased educational attainment by parents (through adult education and training courses); and the earlier delivery of critical health, developmental, and educational services to children of parents enrolled in the program.

In effect, the evaluation has found that the pioneering efforts of the 21 pilot projects have provided a new rich source of potentially revolutionary preschool parent and family support practices through our public schools. These efforts should be viewed as a beginning and not as a one time effort. The projects have learned a great deal on how schools can reach into the very earliest part of the family's life and begin the school success process in a sensitive, nurturing, and enjoyable manner. Much remains to be learned about how to more effectively collaborate, support, and involve the partners of the teaching and learning process. Yet, these initial attempts to engage parents and children in enriching and expanding learning experiences has been impressive and important.

Recommendations

Several recommendations can be derived from the results of the site visits, document analysis, and the review of literature on effective parent education programs. *Ten of the most important recommendations are presented and discussed in this part of the report.* These recommendations can be grouped into five categories: purpose and focus, staff selection and training, program components and elements, coordination and integration, and monitoring and evaluation.

Purpose and Focus

Recommendation 1: Parent education programs should emphasize the promotion of children's school readiness. More direct attention should be given to strategies, activities, and services that address the critical factors related to school readiness: parent prenatal care, maternal/infant health care, parent-child attachment, positive family relationships, and basic readiness skills (e.g., positive self-image, social competence, physical and motor development, perceptual and language skills, and analytical reasoning).

In this regard, the programs should either broker or provide a variety of services that are directly related to school readiness. Examples of such services include immunizations, health assessments (e.g., vision and hearing checks), developmental assessments (with the results tied to educationally appropriate experiences and activities), and information on proper nutrition. Whenever possible, project staff should broker the services that are or should be available through other community agencies. Delivery of such services is more costly than brokering and may be duplicative. *Some of the pilot projects have attained effectiveness with regards to this recommendation and project networking is one means of strengthening this aspect of the program.*

Recommendation 2: Parent education programs should focus on serving members of at-risk populations (e.g., single parents, teen parents, parents with multiple risks), addressing the basic parent education needs of all parents as resources permit.

There will never be enough resources to serve all those in need. Thus, some focus is necessary if the available resources are to be used wisely and effectively. Community-based parent education programs which are based on interagency collaboration and community-school partnerships are likely to be good investments of money, time, and effort. *Some of the pilot projects have demonstrated the value, both educationally and financially, of such programs.*

Staff Selection and Training

Recommendation 3: Those in charge of parent education programs should make every effort to recruit, train, and employ members of minority groups to work in both leadership and support roles.

The majority of parents served by the pilot projects were African-Americans. Having project staff members with whom they can identify may contribute to these parents' willingness to participate in the project activities and avail themselves of the project services. In this regard, efforts should be made to involve existing district and school staff who have both skills in the early childhood parent education field and skills for working with parents in at risk situations. Community volunteer and mentoring resource people should be eagerly sought.

Recommendation 4: Those in charge of parent education programs should ensure that adequate training and technical assistance are provided to all staff members.

It is particularly important that staff receive training in the following areas:

(a) the curriculum of parent education, with a focus on school readiness;

(b) adult education and job training designs that incorporate collaborative partnerships;

(c) skills for working with at-risk parents and their children;

(d) skills in case management and interagency collaboration; and,

(e) methods of developing comprehensive parent/family education and early childhood development programs through collaborative efforts within schools.

Program Components and Elements

Recommendation 5: Parent education programs should include a clearly defined sequence of activities and services within a flexible structure that allows for meeting the individual needs of parents and families.

The activities should reflect a systematic approach to parent education with emphasis on learning experiences that relate to the child's school readiness needs. Home visit plans need to be based on this systematic approach while utilizing individual needs as noted in home observations and developmental assessments. *The content of group meetings should be based on a needs assessment of parent participants and where feasible related to home visit emphases.*

This recommendation, while emphasizing the need for systematic educational plans, also recognizes the need for being responsive to individual needs as they arise. A balance between specific educational activities and individual parent and child needs should be the main goal.

Recommendation 6: The family literacy and adult education component of parent education programs should receive increased emphasis. At present, this component receives the least emphasis. Only six of the twenty one pilot projects included it as a primary emphasis. A similar percentage of the parents interviewed during the site visits indicated they had participated in activities related to this component. *The renewed emphasis on family literacy and adult education should address three issues.* They are:

(1) an emphasis on family literacy similar to that which currently exists in the pilot projects using a Family Education Center approach;

(2) the refinement and improvement of the relationship between adult education and parent education within each district; and,

(3) the development of a comprehensive adult education program in each school or district which integrates early childhood education with parent education and adult education.

Recommendation 7: The supports and incentives that enable and encourage parents to participate in the various components of the parent education program should be continued and where possible strengthened.

Quite obviously, parents must participate in the parent education program if it is to be successful. *Parent participation in these programs appear to be related to several enabling factors*, most of which several pilot projects have successfully deployed. Among the most common are:

(a) the provision of transportation;

(b) adaptive scheduling;

(c) nearby service locations;

(d) the provision of child care; and,

(e) the establishment of parent networks.

To the extent that these factors are in place in a particular program, the participation of parents is likely to be enhanced.

Coordination and Integration

Recommendation 8: Parent education programs should work toward being fully integrated with the school, school district, and larger community.

Parent education programs do not have sufficient resources to function on their own for an extended period of time. Thus, both the survival and success of such programs depend to a large extent on their ability to coordinate with other agencies and service providers. *Within the school districts, parent education* *programs should be directly linked with existing early childhood programs (e.g., prekindergarten programs, private child development programs) and related kindergarten-primary and adult education programs.* This recommendation is consistent with the direction of the primary school success criteria presently being explored in South Carolina.

Further, within the school districts (as well as within the state as a whole), state-funded parent education programs should be coordinated with other federally funded early childhood programs like Head Start and Even Start. *Such a collaborative arrangement is in place in some of the pilot projects and should serve as one model for others to emulate.*

Recommendation 9: Parent education programs need to clearly determine which services and activities they can best deliver and those that can best be handled by other community agencies.

Parent programs must avoid becoming all things to all people. Staff need, among other things, a thorough knowledge of other programs and agencies within the community, skills in case management, and the ability to arrange and make referrals to other programs in a systematic manner. *Some pilot projects have promoted such interagency relationships in their communities and these projects should serve as models for other programs.* Improved case management and more viable interagency referral and family service arrangements can free up the parenting programs to direct more energy to the primary program function of educating parents and children. *However, basic family needs must be met before parent and child learning experiences can be expected to have much* *effect.*

Monitoring and Evaluation

Recommendation 10: A longitudinal evaluation of parent education programs should be designed and implemented.

Such an evaluation will enable legislators and educators to judge the progress of the programs, recommend and make adjustments in the programs as necessary, and, perhaps most importantly, assess the long-term effects of the programs.

No program is as effective as it might be the first time it is tried. Program effectiveness needs to be monitored and improvement made in accordance with the information gleaned from the monitoring. *A longitudinal evaluation can provide both immediate feedback on program effectiveness and longer term progress, particularly as programs influence children's school readiness.*

The conceptual framework underlying our evaluation of the parent education programs includes a description of program strategies, activities, and services, and the impact of these strategies, activities, and services on the parents and, ultimately, on the students. Because of time constraints imposed on both the pilot projects and our evaluation efforts, this report includes mainly the program descriptions and the perceived impact of the program on the parents. A longitudinal study would be needed to examine the actual impact of the program on the parents as well as the impact of the program on their children. Such a study should expand on the databases created in the present evaluation. Every child served should be tracked into the school system. The PEP and BEDS databases could be combined to longitudinally assess the benefits of various PEP programs. Cross-sectional comparisons of PEP-aided and non-PEP-aided groups could also serve similar purposes. Without a longitudinal study, the extent to which the program benefits children will never be known.

Executive Summary: South Carolina's Target 2000 Parent Education Program

The evaluation of the Target 2000 Parent Education Program was conducted during the period January to May of 1993. The purpose of the evaluation was:

> To conduct a comprehensive review and analysis of the program components and elements as they have been designed and implemented by the pilot projects.

The focus was on determining the various strategies and practices that have or are likely to have a positive influence on parents, children, and families during the period from birth to five years of age. In effect, the evaluation attempted to delineate effective parent education practices as related to increasing parental competence, strengthening family functioning, and ultimately positively influencing children's school readiness and success.

The evaluation framework included four components and three stages. *The four components* are: Parent Education, Literacy/Training & Adult Education, Child Services, and Parent/Family Services. *The three stages* are: Design, Implementation, and Evaluation.

Within each of the major components of the evaluation framework, the following questions were studied:

Design Stage

1) What are the *major goals* of the parent education program as reflected in the work of the pilot projects?

2) How were the parent education program goals developed as reflected in the *needs assessment activities* carried out by the pilot projects?

3) What *delivery systems* have the parent education program used?

4) What parent education program *activities* have been used to achieve the identified goals?

Implementation Stage

5) What *methods* have the parent education programs used to increase parent participation in program activities?

6) What *staff development activities* were used to enable staff to effectively implement the parent education program?

7) What types of *interagency and school-community collaboration* have parent education programs used?

Evaluation Stage

8) What *assessment processes* have parent education programs used to record progress toward achievement of their goals?

9) What *performance criteria and standards* have parent education programs used to determine their effectiveness in achieving particular goals?

10) What *evidence* have parent education programs provided to support the achievement of their goals?

11) What have parents perceived as *most important to them* with regard to the activities in which they have participated?

12) How do parents perceive *the impact of the program* on themselves, their children, and their families?

The primary sources of data used to carry out the evaluation process were: project documents, parent and staff interview forms, and narrative data collected during site visits to the pilot projects. Two particular evaluative instruments were developed: The *Parent Focus Group Interview Form* (PFGIF) and the *Staff & Program Inventory Form* (SPIF). In addition, each pilot project was visited. The purpose of the site visits was to observe the various contexts of the programs, acquire parental and staff perspectives on the program, and to obtain needed data to prepare the evaluation report.

Data collected during the evaluation were organized according to the key components and major stages delineated in the conceptual framework. The data were also organized in a manner that relationships between program factors and participant factors could be studied. Further, data organization aimed to provide insights on effective practices as reflected in program activities, strategies, and resource usage that could potentially have a positive influence on parents, children, and families.

The findings of the study are organized and presented in four sections: a profile of participating parents and families, an overview of the context and background of the program, a synthesis of the findings on the parent education program, and a discussion of the implications of these findings. Findings of the evaluation are more descriptive and suggestive than correlational as projects have had limited time to develop and implement their designs, and assessment procedures are just beginning to reflect longitudinal emphases as related to the impact of the program on children's school readiness. In spite of these limitations, the findings suggest, wherever appropriate, longitudinal possibilities as strongly proposed in the research literature in early childhood parent education.

Two basic groups of parents and families participated in the program: the general parent population who have children in the birth to 5 years of age range, and parents of children considered at risk for school failure in this same age range. All of the 21 pilot projects provided some form of services to both populations. *The general parent population* participated basically in the large group sessions and related activities like using the family lending library and participating in child development assessments. *Parents at risk or with preschool children at risk* were the major participants in the intensive services like home visits, adult education, small group activities, and family services. These parent are mostly poor, single parents, unemployed, lacking in needed formal educational skills, and experiencing multiple problems. Typically, they have 2 or 3 children, are very young, and have little support or guidance on parenting and family issues. The families are rural, in need of continuing public support, and have often experienced an intergenerational cycle of failure in school.

The context and background of the program includes two important elements: staff and program information. *The major attributes of the staff* are: they are experienced, well educated, and have been with the program since its inception; they are multicultural in makeup and strongly believe in the program; the most common job titles and roles are for parent educator and project director; the most common staffing pattern combines full and part time personnel; and they are continually upgrading their skills through specific training programs.

A review of data on the *general program content* indicate the following as carried out by the pilot projects: they have established goals that aim to increase parent competence and family well-being so as to positively influence children's school readiness; they have developed a strong emphasis in the parent education component, along with substantial involvement in literacy and adult education and child and parent/family services in about half of the projects; they have used multiple delivery systems with home visits and group meetings the most prevalent; they have intensively pursued parent participation with several involvement methods; and, they have achieved high levels of parent and child participation in program activities and services.

Evaluation findings are presented for each of the components of the program as follows.

Parent education component findings include: 1) emphases were on both parenting and child development information; 2) activities reflected a major focus on preventative information for parents (e.g., prenatal care) and on the skill areas essential to healthy child development and school readiness (e.g., social competence, language development); 3) delivery systems were diverse with home visits and group seminars the most prevalent; 4) parents were involved in assessing and articulating major needs to be addressed in program efforts; 5) various involvement methods were successfully deployed to maximize parent participation; 6) interagency efforts included the offering of collaboratively sponsored group meetings and the sharing of resources; and, 6) projects used continuing evaluation to refine and improve their activities. Staff delivered an impressive amount of program activities with the average program offering 1.5 home visits per parent per month and 12 group meetings a year. In addition, they disseminated newsletters on an average of 1 per month, maintained active lending libraries, and disseminated many community wide materials through the news media. Parents were active participants in the parent education component. On average, 76 parents per project participated in home visits each month and 116 parents participated in group meetings per project. Parent evaluations were quite positive with over 96 percent evaluating the home visits and group meetings as very helpful.

Literacy/training and Adult Education component findings include: 1) emphases were on addressing general literacy needs and helping at risk parents attain essential educational goals; 2) delivery systems were inclusive of providing family learning activities, offering adult education, and placing parents in job training; 3) activities included courses and informal learning with the use of Family Education Centers as most effective; 4) participation supports included individualized counseling, child care, transportation, adaptive scheduling, and on-site course offerings; 5) interagency efforts (particularly intra-school collaboration) proved to be a major success indicator for projects using them; and, 6) the combining of parent involvement in adult education and child involvement in child development (within the same facility and on the same schedule) proved highly effective. A major lesson learned was that effectiveness in this component requires strong and coherent intra-and-extra collaborative efforts. Parents viewed the family literacy activities as most helpful and those parents enrolled in training or adult education courses assessed them as most helpful. They particularly pointed to an improved self image and to their children's improved perceptions of them as parents as outcomes of their involvement in adult learning.

Child Services component findings include: 1) emphases were on providing children with Developmental and Health Assessments and supportive educational activities and resources; 2) delivery of services were carried out in schools, community places and through home visits; 3) major activities included Developmental Screening, Direct Educational Services, and Health Services; 4) various incentives and involvement strategies were used such as community health fairs, interagency service delivery, and such means as transportation; 5) interagency efforts were helpful in service delivery but need improving; and, 6) an average of 300-plus children were provided services in each project. *Research suggests that the impact of child services such as those provided in the program will be powerful in terms of improving children's readiness for school.* Parents and staff were unanimous on the positive outcomes of the child services activities carried out by the program.

Parent/family services component findings include: 1) emphases were on meeting the individualized needs of parents and families; 2) supportive delivery systems such as transportation, child care, and home visits enabled parents to use needed services; 3) activities ranged from providing needed health services to helping families acquire food and heat; 4) involvement methods were adaptive and supportive of parents; 5) case management and interagency efforts were present in the more effective pilot projects; and 6) parents assessed this aspect of the program as very influential in helping them become better role models for their children. *Anecdotal examples provided by the pilot projects supported the belief that improved parent and family living conditions have a positive influence on the child's home learning situation.* Future efforts in this component of the program need to focus on improving the interagency delivery system.

In summary, the Target 2000 Parent Education Program, as carried out in the work of the pilot projects, has had far reaching effects on the participating parents, children, and families. It has also had a distinct influence on the staff and participating school districts. Based on the findings of the evaluation, five conclusions are presented as follows.

1) The pilot projects achieved the goal of effectively designing and implementing comprehensive early childhood parent education with the parents and families of preschool children at risk for school failure.

2) The most effective program practices included: using parent education activities that strengthened the family's literacy environment; carrying out home visits that included both school readiness activities and services based on the individual needs of the families served; using multiple delivery systems and support methods; involving parents in both parent-child literacy experiences and adult education; using interagency and community resources to effectively meet

parent and family needs; promoting parent networking; and planning with parents in regards to meeting various parent, child, and family needs.

3) The pilot projects that had the highest level of intra-school and intra-district support were able to achieve the most progress in integrating the parent education program into already existing early childhood and adult education programs.

4) Staff training, interagency collaboration, and adequate staff and parent support resources were noted as significant contributors to project success, and where lacking, as impeding forces.

5) The influence of the project on children's school readiness has all of the apparent indicators in place but requires longitudinal study to fully explore the dynamics between the program and the potential effects on children.

Several recommendations can be derived from the results of the site visits, document analysis, and the review of the literature on effective parent education programs. Ten of the most important recommendations are presented. These recommendations are grouped into five categories: purpose and focus, staff selection and training, program components and elements, coordination and integration, and monitoring and evaluation.

Purpose and Focus

Recommendation 1: Parent education programs should emphasize the promotion of children's school readiness.

Recommendation 2: Parent education programs should focus on serving members of at-risk populations (e.g., single parents, teen parents, parents with multiple risks), addressing the basic parent education needs of all parents as resources permit.

Staff Selection and Training

Recommendation 3: Those in charge of parent education programs should make every effort to recruit, train, and employ members of minority groups to work in both leadership and support roles.

Recommendation 4: Those in charge of parent education programs should ensure that adequate training and technical assistance are provided to all staff members.

Program Components and Elements

Recommendation 5: Parent education programs should include a clearly defined sequence of activities and services within a flexible structure that allows for meeting the individual needs of parents and families.

Recommendation 6: The family literacy and adult education component of the parent education programs should receive increased emphasis.

Recommendation 7: The supports and incentives that enable and encourage parents to participate in the various components of the parent education program should be continued and where possible strengthened.

Coordination and Integration

Recommendation 8: Parent education programs should work toward being fully integrated with the school, school district, and larger community.

Recommendation 9: Parent education programs need to clearly determine which services and activities they can best deliver and those that can best be handled by other community agencies.

Monitoring and Evaluation

Recommendation 10: A longitudinal evaluation of parent education programs should be designed and implemented.

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Appendix A

The Evaluation Team

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University of South Carolina
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Appendix B

Target 2000 Parent Education Pilot Project Roster

Beaufort County School
Ms. Kay Broxton, Director

Pickens School District
Ms. Stella Holliday, Director

Hampton School District 1 & Allendale (Salkehatchie Consortium)
Ms. Denise Parker, Director

Aiken School District
Ms. Gail Graham, Director

Marion District 1 & 2
Ms. Helen Smith, Director

Darlington County School District
Ms. Brenda Ayers, Director

Georgetown School District
Ms. Lorine Pressley, Director

Anderson School District 5
Ms. Lee Looney, Director

Lauens School District 56
Ms. Beverly Madewell, Director

Spartanburg School District 4
Ms. Karen Moore, Director

Spartanburg School District 2
Ms. Jean Vassey, Director

Sumter School District 2
Mrs. Barbara Ragin, Director

Greenville School District
Ms. Alana Maitland, Director

Lexington School District 4
Ms. Sylvia Yarborough, Director

Lexington School District 1
Dr. Clare Hodge, Director

Union County School District
Ms. Mary Foster, Director

Lee County School District
Ms. Bunchie Jordan, Director

York School District 4
Ms. Pat Wolfe, Director

Calhoun School District
Ms. Everleen K. Fredrick, Director

Greenwood School District 50
Ms. Rosemary Wilson, Director

Sumter School District 17
Ms. Dorothy Johnson, Director

Appendix C

Planning Meeting With Pilot Project Directors

Target 2000 PEP Evaluation Planning Meeting
(February 16, 1993)

Agenda

1) 9:00 A.M.	Coffee/danish
2) 9:30 A.M.	Evaluation framework presented
3) 10:15 A.M.	Evaluation framework discussion
4) 11:45 A.M.	Break (Lunch at 12 Noon)
5) 1:00 P.M.	Format, structure, and scheduling of program site visits
6) 2:00 P.M.	Data needed from programs and program visit scheduling
7) 2:45 P.M.	Adjourn

Appendix D

Parent Focus Group Interview Form

About You And Your Family

*Relationship to child (mother/father/grandparent/relative/other)

*Marital status (single/married/divorced/other)

*Work status (employed full time, part time [10 hours, 20 hours, other], unemployed)

*Highest level of education attained (10 or fewer years, 11, 12, 13, 14, above 14).

*Currently enrolled in an educational program or training course.
_____Yes _____No

*Currently enrolled in an adult education or training course sponsored by the parent education program.
_____Yes _____No

*Age________

*Ethnic/racial background (Caucasian. Black, Hispanic, Oriental, Indian, Other____)

*Geographical locale (Rural, Urban, Suburban, Other)

*Number of children (1, 2, 3, 4, 5-plus)

*Number of children birth to 5 (1, 2, 3, 4, 5-plus)

*Involved in a religion.......______Yes _____No

*Family is self sufficient.....______Yes _____No

*Number of adults living in the household (1, 2, 3, 4, 5, 5-plus).

*Family living conditions are (Poor, Adequate, Good, Excellent)

*Our house has: Heat (Yes, No) Running Water (Yes, No)
Electricity (Yes, No)

*Our family has adequate food (Yes, No).

*Our family's health is (Poor, Adequate, Good, Excellent).

*Our family's relationships with each other are (Poor, Adequate, Good, Excellent).

*Our family's main helpers are (Relatives, Friends, Home Visitor, Other_______).

About Your View Of The Program And Your Involvement In It

*How you learned about the program (Home Visitor, Teacher, Friend, Newspaper, Relative, Other________________).

*How long have you been involved in the program? (Less than 1 year, 1 year, more than 1 year, 2 years, more than 2 years, 3 years)

*What are the most important things in your child's development? (Social skills, Good Health, Physical development, Curiosity, Language skills, Self image, Happiness, Other______________)

*Which services have been helpful in making it possible for you to participate in program activities? (Home visits, Transportation, Child care, Group meeting schedule, other______________)

*What things do you make absolutely sure your child has? (Immunizations, Regular health checkups, A happy home life, New experiences, Love, Good Nutrition, Other__________ ______)

*How often do you do home visits? (2 per month, 1 per month, 1 every two months, Other________________)

*How many group parenting meetings or discussion groups have you attended per year? (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 10 or more______)

*Are you participating in any of the Adult Education courses or activities offered by the parent education program? (Yes, No)
Describe____

*Circle any of the parent or family services you have used since you have been a part of the parent education program?

(Prenatal checkups, medical checkups, medical services, counseling, parent lending library, nutrition services, family support [food, clothing, heat, other].
Other____

*Have you used any of your projects referral services? (Yes, No)
Describe____

*Does your project have a newsletter? (Yes, No) Do you read it? (Yes, No)

*What other program activities have you participated in? (Field trips, Family night, Parent night, other____).

Parent Perceptions Of Program Effectiveness

Programs:

Parenting

Group Meeting
1) Not helpful 2) Somewhat helpful
3) Helpful 4) Did not participate

Home Visits
1) Not helpful 2) Somewhat helpful
3) Helpful 4) Did not participate

Adult Education

GED Equivalency Courses
1) Not helpful 2) Somewhat helpful
3) Helpful 4) Did not participate

Adult Enrichment Courses
1) Not helpful 2) Somewhat helpful
3) Helpful 4) Did not participate

Job Training
1) Not helpful 2) Somewhat helpful
3) Helpful 4) Did not participate

Services

Child

Health Services
1) Not helpful 2) Somewhat helpful
3) Helpful 4) Did not participate

Educational Services
1) Not helpful 2) Somewhat helpful
3) Helpful 4) Did not participate

Developmental Services
1) Not helpful 2) Somewhat helpful
3) Helpful 4) Did not participate

Parent/Family

Health Services
1) Not helpful 2) Somewhat helpful
3) Helpful 4) Did not participate

Educational Services
1) Not helpful 2) Somewhat helpful
3) Helpful 4) Did not participate

Developmental Services
1) Not helpful 2) Somewhat helpful
3) Helpful 4) Did not participate

Appendix E

Staff And Program Inventory Form

Part One: About The Staff

*The position titles and roles of the staff are:

_____Director _____Home Visitor _____Parent Educator

_____Nurse _____Secretary _____Other

*Number of _____Full time staff _____Part time staff

_____Volunteers

*Ages of staff______________________

*Racial ethnic background (Caucasian, Black, Hispanic, Indian, Other_____).

*Staff have been with the program for (1, 2, 3 years).

*Educational level ____High School ____Some College ___College

*Past experiences of staff include:
_____Teaching experience _____Home visiting experience
_____Social work _____Nursing
_____School administration _____Other________________

*Staff ____Live in the community _____Know parents personally
____Know the community _____Involved in community

*Staff relationships with each other are:

___Poor ___Adequate ___Good ___Excellent

*When staff talk about the parent education program they use descriptors like:

(Helpful, Effective, Needed, Ineffective_____________).

Part Two: About Program Goals/Activities

*Main purpose of program is____.

*Programs major emphasis is on which of the following components: (Parent education, Adult education, Child services, Family services).

*Program goals were arrived at through needs assessment tools such as: (Surveys, Parent discussion, Community case studies, other____).

*Major program activity areas are: (Home visits, Group meetings, Adult education, child services, family services, other_______________).

*_____number of parents are in the home visit program and are home visited _______times per month.

*_____number of parents attend group meetings______times per year.

*_____number of parents are enrolled in adult education/training activities per year.

*The number of children receiving the following services are:

___Developmental screenings	___Health screenings
___Medical services	___Immunizations
___Child development	___Other_____________

*The number of parents receiving the following services are:

___Prenatal care	___Health checkups
___Health/medical services	___Referrals
___Counseling	___Other ____________

*The number of families receiving the following services are:

___Food	___Clothing
___Transportation to a service	___Heat or other_______

*Describe other services/activities here:

Part Three: Staff Relationships With Parents

*Staff interact with parents on a regular basis (Yes, No).

*Staff believe that their relationships with parents are based on a partnership (Yes, No).

*Staff believe that their relationships with parents promote a positive self image in parents (Yes, No).

*Staff attitudes toward parents (as indicated in the focus group discussions) appear to be (Negative, Somewhat positive, Positive, Very Positive).

*Staff have training and inservice activities that focus on strengthening their knowledge and skills with regard to promoting positive relationships with parents (Yes, No).

Part Four: Staff Strategies For Involving Parents

*Staff have made provisions for gaining regular parent input on the direction and work of the program (Yes, No).

*Staff have made provisions for maximizing parental involvement by using the following support strategies (Please check the one you use regularly):

___Transportation
___Home visits
___Videotaped lessons
___Collaborative meetings
___Child care
___Telephone or written reminders
___Adaptive scheduling
___Newspaper/radio/tv coverage
___Other____________________

*Staff involve parent representatives in all major program decisions (Yes, No).

*Incentives such as the following are used to attract parents to meetings:

___Cash ___Food ___Child Care ___Prizes
___Other______________________

*Parent participation in our program has been (Poor, Adequate, Good Excellent).

Explain why____

Part Five: Staff Perspectives/Strategies For Interagency Collaboration

*Interagency collaboration is: (of little help in our program, of some help, of major help).

*Interagency efforts in our program play: (a small role in meeting parent/child needs, a somewhat helpful role, a big role).

*Our main strategy for attaining effective interagency collaboration is______

____.

*Interagency efforts in our program have made possible the following services for parents and families:

___Food
___Housing
___Tutoring
___Heat
___Medical Services
___Health Checkups
___Medicine
___Immunizations
___Other______.

*The *primary groups and agencies we collaborate with on a regular basis are:*

___DSS
___WIC
___Health Department
___Clemson Extension
___Babynet
___Other____.

*Our program makes about__________referrals to agencies per month.

*Activities and services our program provides for clients of other agencies are:

___Parent education
___Child development
___Other services____.
___Adult education
___Child assessments

*Our program has an active interagency advisory council (Yes, No).

Part Six: Staff Perspectives/Strategies Related To Integrating The Program Into Other School Programs

*Our parent education program is physically housed:
___separate from other early childhood programs
___connected with other early childhood programs
___other_________________________________.

*Our parent education program is programmatically interrelated with the school and district's early childhood programs:
___Yes ___No
Explain_________________________________.

*Our school district is substantively supporting the parent education program
___Yes ___No
Explain_________________________________.

*Specific examples of ways our program effectively interrelates with other early childhood and related programs in our school district are:
___We work with the staff in the child development program
___We work with the staff in the kindergarten program
___We work with the staff in the primary grade programs
___We work with the staff in the adult education programs
___We work with other staff__________________________.

*We meet regularly with other early childhood and related programs in the planning and implementation of our program (Yes, No).

*Ways we can improve our interrelationship with other early childhood and related school district programs are__________________________.

Appendx G

Parent Education Program Specified Outcomes: A Summary of the Findings

A synthesis of the findings of the evaluation relative to the desired outcomes of the program provides a basis for both immediate feedback on the program's efforts and for long-term program development. Each specified outcome is reviewed relative to the findings of the study.

1) The children benefit in terms of readiness for Kindergarten and First Grade.

While the pilot projects are only three years old, data gathered in the study indicate children's readiness for school is being positively influenced. On the PFGIF, parents noted that the program had *helped my child to be better preparerd for school.* Field notes kept by the evaluators indicate that parents and staff observed improved school readiness behaviors in children (i.e., language, social skills, general readiness). More specific longitudinal data on children's actual school performance is needed to fully assess program influences on this outcome. However, the initial indicators (parent and staff assessments) are positive. Studies on other similar programs such as Parents As Teachers substantiate the positive school readiness outcomes (Swick, 1993).

2) There is increased awareness and use by parents and guardians in the program of available community services to assist in parenting.

In pilot projects where parent, child, and family services were emphasized, parent awareness and use of community services was extensive. SPIF data shows that community services relative to food, counseling, prenatal care, transportation, clothing, heat, and child care were used frequently by parents. Data analysis also shows that close to 50 percent of the programs had a *major emphasis* on increasing parent awareness and usage of family services available in the community. Slightly more than 50 percent of the programs used interagency resources on a regular basis to strengthen this practice. 95 percent of the parents using these resources assessed them as very helpful on the PFGIF.

3) There is increased use of prenatal services by expectant mothers in the program.

19 of the 21 pilot projects provided access to prenatal care services. SPIF

data indicates that an average of 13 parents per project received prenatal care services. In projects where this service was a major focus, as many as 70 parents were involved in prenatal care services. *The emphasis on prenatal care services should be increased in all of the projects.*

4) There are increased opportunities provided to parents participting in the program for improving their level of education and there is an increase in the level of education of parents participating in the program.

While all of the pilot projects involved parents in general adult and family literacy activities, slightly less than 30 percent had a major emphasis on providing parents with access to adult educational and training services. SPIF data indicates that approximately 7 parents per project were enrolled in adult education courses. *In projects where adult literacy and education was a major emphasis as many as 30 parents were involved and as many as 10 per year completed their high school diploma or GED.* Parents valued their adult education experiences as so indicated in the PFGIF data. *All projects should have a major emphasis on adult and family literacy services, with a clearly delineated plan for increasing parents' level of education.*

5) There is increased participation in the program by parents and guardians.

All of the pilot projects had parent participation increases each of the 3 years. The enabling involvement methods that were most effective in increasing parent participation were: offering relevant services and activities, use of adaptive scheduling and service locations, formation of close trusting relationships with parents, provisions for child care and transportation, and high visibility of program services through interagency and intra-school efforts. An average of 78 parents per project per year were intensively served. In addition, each project served close to 150 parents each year through general group meetings, newsletters, and other individuaized services.

6) There is a reduction in high risk factors such as single parenthood, teen parenthood, low birth weight, children's accident and injury rates, and rates of child abuse and neglect as a result of participation in the program.

This outcome will need longitudinal data to provide an accurate picture of how the program influences it. However, data from the SPIF and the PFGIF suggest that participating parents are more aware of the need for a healthy environment for children. Further, other research (Olds, 1988) indicates that mothers receiving services such as prenatal care and parent education will have healthier babies and that reductions in child abuse and neglect are likely as the full impact of the program is longitudinally assessed. *It is critical that these variables be addressed in the longitudinal design.*

7) There is an increase in positive interactions between parents or guardians and their children as a result of participating in the program.

Parent-child interactions was a major parent education focus in all of the pilot projects. Positive discipline, parent attitudes toward the child, parent-child relationships, and child development were major program topics in 19 of the pilot projects. 95 percent of the project directors responded on the SPIF that the program had positively influenced parent-child interactions. *Focus group field notes indicate that 92 percent of the participating parents felt the program had helped them to become more positive with their children.*

8) There is an increase in time spent by parents or guardians in the program with their children in activities that help the child to learn, build, self-esteem, and gain confidence.

When asked to identify the major impact of the program on them and their children on the PFGIF, parents noted their increased participation with their children in learning activities related to school readiness. In the focus groups parents continually commented to the evaluators that they felt better prepared to help their children. Project staff also noted increased parent involvement in home learning activities as a major outcome of the program.

9) There are more favorable attitudes of parents and guardians in the program toward education and their local schools as a result of participating in the program.

Parents consistently reported their belief that they and their children were better prepared for school (PFGIF). *Site visit data suggest that parent attitudes toward the school improved the most when the school staff were highly involved in and supportive of program activities.* More data is needed to assess this outcome. However, parent and staff testimonials indicate improvements in parent attitudes toward education and in some cases toward the school itself.

10) Parents and guardians who have school age children are more involved with their children's schools during and following participation in the program.

This outcome was not directly addressed by the pilot projects *and needs to be included in future data collection efforts.*

11) The program has recruited and is serving parents of children who are "at risk".

The program has successfully recruited and served parents of children who are "at risk". As the demographic profile (generated from the SPIF and PFGIF data) indicates, 40 percent were single-parents, 68 percent were unemployed, 28 percent lacked a high school diploma, and over 75 percent were receiving some type of federal or state aid. Additional data from the PFGIF indicate that 33 percent of the parents and families were "very high risk". Parent participation in program activities is very high - 80 percent. Parent assessment of program services as "very helpful" indicates that the program is indeed effectively serving at risk parents and children.

12) The program provides developmental screening of preschool children.

An average of 133 children per pilot project received developmental screening each year. In addition, many children received health and medical screenings as well as vision, hearing, and speech screenings. Significantly, projects also immunized many children. Even more impressive was the followup services provided. 95 percent of the parents (PFGIF) said these services were very effective and infllluential in their children's lives.

Appendix G

Longitudinal Design Framework

The longitudinal evaluation of the program is essential to acquiring a comprehensive perspective on the value and effectiveness of the various dimensions of the program. *With regards to the desired outcomes of the program, longitudinal data collection and analysis should focus on the following:*

1) Influence on *reduction of high risk factors* in the parent/family systems within the community.

2) Influence on *increased participation of parents* of "at risk" children in their children's education.

3) Influence on *increased positive parent-child interaction.*

4) Influence on *increased developmental and health assessments* of children.

5) Influence on *increased parent/family competence* in using resources in the community.

6) Influence on *increased school readiness* of children.

7) Influence on *increased school success* of children.

8) Influence on *improved family-school relationships.*

9) Influence on *increased literacy and educational achievement* by parents.

10) Influence on *improved teacher/school attitudes* toward families.

The means used to collect and organize data relative to these desired outcomes needs to be multidimensional and yet structured in a way that facilitates the long-term assessment of the program's effectiveness. *A statewide data base* (inclusive of all participating projects) should include the following information for each project on an annual basis.

1) *Demographic data* on parents and families relative to indicators of "high risk" conditions. This should include data on marital status, racial/ethnic origins, parents level of education (including newly achieved education), birth weight of newborns, economic status, and related "high risk" data such as child abuse and neglect data.

2) *Participation data* on the involvement of parents in both program activities and on parents' uses of activities and services with their children.

3) *Parent educational achievement data* relative to parent participation in both family literacy and in more formal adult education and training. Achievement of educational benchmarks like attaining a high school certificate or GED need to be closely recorded.

4) *Child school readiness and success data* need to be recorded annually. An efficient and yet meaningful system of data should include: developmental assessment results, the child's school entry readiness performance, and the child's continuing school performance data for each school year.

The following figure shows one possible format for conceptualizing this process.

Conceptual Framework For Longitudinal Evaluation Process

Component	Desire Outcome	Long-Term Assessment
Parent Training	Increased parent competence	Reduction in child abuse Increased prenatal care Improve school readiness
Adult Literacy & Education	Increased parent educational attainment and involvement in using family literacy	High School Diploma GED Completion Family literacy habits improved
Child Services	Increased school readiness and success	Developmental Assessment Results School Readiness Results School Performance Results
Parent/Family	Increased parent and family competence	Parent Educational Achievements Child Educational Achievements

A second level of data collection should occur at the school district level. More detailed demographic, parent participation, parent achievement, and child performance data should be collected at this level. For example, each district could develop a continuing profile of participating parents relative to at risk indicators, educational attainment, and parent/family use of services. More elaborate child performance data that includes locally used assessments can add greatly to the data collected statewide.

A third level of data collection should exist at the parent education program level. Each program should develop a portfolio on each participating parent and child. This portfolio would include individualized goals, a service plan, activities and services delivered, specific outcomes observed, and related information that provides insight on the program-participant dynamics.

In effect, the longitudinal evaluation should include a statewide data base that provides continuing feedback on the program's possible influences, district level data bases that supplement the statewide effort with regards to providing information on locally unique program effects, and program-specific portfolios that provide individualized information on each participating parent and child.

Data Collection Elements Listing For Longitudinal Study

Parent/Family At-Risk Data Elements

1) Percentage of babies born to drug-addicted mothers.
2) Percentage of low-birth weight newborns.
3) Percentage of single-parent families.
4) Percentage of child abuse cases present in parent/family population served.
5) Percentage of poverty families within parent/family population served.
6) Percentage of children judged "not ready" for school with population served.
7) Percentage of children who fail one or more grades during the first three years of schools within the population served.
8) Percentage of children chronically absent from school during the first three years of school within the population served.
9) Percentage of children who drop out of school before completion of high school within the population served.
10) Percentage of children arrested for antisocial delinquent behaviors within the population served.

Parent Performance & Achievement Data

1) Percentage of parents receiving prenatal care.
2) Percentage of parents participating in WIC (or equivalent) services/activities.
3) Percentage of parents participating in monthly parent education activities.
4) Percentage of parents enrolled in Adult Education, Training, or Job Training.
5) Percentage of parents completing High School Diploma, GED, or Post-Secondary Training (or other appropriately defined training).

Child Performance & Achievement Data

1) Percentage of children judged to be functioning on the expected developmental level on the developmental assessment instrument used.
2) Percentage of children judged "ready" for Kindergarten and for First Grade.
3) Percentage of children who pass the State's performance criteria for success in the Primary Grades.
4) Percentage of children who complete High School.
5) Percentage of children who pursue post-High School education.

Appendix H

Cost Analysis of the Program

Cost analysis of human service programs is at best an estimation process based on best judgments relative to use of funds provided and the how and where these funds are spent. It is, however, an important activity as it provides stakeholders with reasonable perspectives on the costs involved and the possible savings generated from program operations (Weiss & Jacobs, 1988). Given the ambitious goals of the Target 2000 Parent Education Program, the funding provided was minimum. They have indeed served in the role of pilot projects under austere financial constraints.

Four cost analysis activities are provided in order to give the stakeholders an overview of how the funds were used and where the funds were targeted in terms of program methodology. Cost effectiveness data from other studies suggest that South Carolina's pilot projects achieved a high measure of cost efficiency (See Powell, 1989 and Weiss & Jacobs, 1988). This cost efficiency is due in part to the low overhead costs and to the heavy reliance on paraprofessionals in many of the projects. Districts provided space or made cost-free arrangements for space. They also provided basic startup resources with some program funds allocated for these purposes. *Further integration of the projects into district program systems will reduce even more overhead costs.*

The first cost analysis task performed was to arrive at a *cost per participant per program figure*. This involved arriving at an "average total participant figure" for an average pilot project. It also involved arriving at an average annual total budget figure of an average project.

The average total participant figure was determined through calculating the total clients served (parents and children) in the 21 pilot projects and then dividing this figure by 21. This data was generated from information project directors provided on the SPIF. Based on this analysis, ***the average project served 759 clients per year.*** This figure includes 385 parents and 374 children.

The average total budget figure per project was arrived at by taking the total dollars spent in an average year (1992-93) and dividing that figure by 21.

Based on this analysis, ***the average pilot project's total budget figure per year was $97,354,50.***

The total number of clients served in the average pilot project (759) was divided into the total average budget figure ($97,354,50). Through this analysis it was determined that ***the average cost per client in the average pilot project was $128.20.*** This analysis provides only a gross cost per participant figure and does not account for analysis of program methodologies. Nor is any cost savings estimate made based on estimated impact of prevention services presented. The research (Weiss & Jacobs, 1988) shows a savings of at least $5 for every $1 invested in early childhood parent education programs per yer per client. This would mean that in South Carolina a savings of $76.92 per client per year. Based on a figure of 759 clients served, a savings for the State per project would be $583,822 per year. Using a life span of 50 years, the savings would be $29,191,140.

The second cost analysis task carried out was that of determining the cost per program component of an average pilot project. A sample budget analysis of an "average pilot project" for the 1991-1992 school year was used to determine program component costs. While this program's budget does not represent all of the 21 pilot projects it does provide an accurate picture of costs per program component for a typical pilot project. Further, the cost analysis is based on the work of one home visitor in the program and on estimated percentage of home visitor time spent in different tasks. Also, the cost estimates are based on a 12 month program year. *The program components analyzed are: home visits, group meetings (workshops), developmental screenings, adult education/family literacy, newsletters, lending library, and a miscellaneous category.*

Home Visits Component: This component of the sample average pilot project was cost analyzed as follows.

Cost of Home Visits per Family

*Total cost per family per year: $655.44

*70 percent of home visitor time spent in home visits= $11,200,00
*20 families x 2 visits per month= 40 visits per month x 12 months
*480 visits per year per home visitor
*$11,200,00 ~ 480 = $23.33 per visit for home visitor time
1.25 per visit for materials left in home
2.73 per visit for mileage
$27.31 total cost per visit
*$27.31 x 2 times per month = $54.62 per month x 12 months =
$655.44 per year

Group Meeting Component: The cost of group meetings in this sample pilot project was determined through the following method. 5 percent of the home visitors time (at a cost of $800 per year) was devoted to planning and conducting group meetings. At least 1 group meeting per week was held, totalling 36 per year per home visitor. Analysis of these figures indicate each group meeting held cost **$22.22**.

Developmental Screening Component: The cost of administering Developmental Assessments was calculated by determining that 10 percent of the home visitor's time was spent in this capacity (equalling $1600 of salary per year) and determining that in this sample project 120 screenings were completed each year. Using this formula as a basis, it was determined that each screening cost

$13.33. ($1600 was divided by 120)

Adult Literacy/Education Support: This component was not emphasized in the sample program. $100 was allocated for child care and transportation in support of parents enrolled in the Adult Education Program.

Newsletter: Newsletter costs were determined by taking the number of copies produced each month (400) and multiplying that figure by 2 (each newsletter was 2 pages). That figure (800 pages) was multiplied by 9 months (1 newsletter was produced each month) which equalled 7200 pages. This consumed 14 reams of paper at $4.34 per ream and equalled $60.76. 7200 copies were made at 10 cents per copy thus equalling **$720.00**.

Lending Library: The basic start up costs of the lending library were **2400.00**. No additional costs have been assumed.

Other: It was calculated that an additional cost of $2400.00 was spent per home visitor on time spent in the classrooms with children of parents enrolled in the project. This was based on the home visitor spending 15 percent of her time in the classroom over the project year.

Other program component cost analysis samples could be developed using other pilot project models. The sample here is intended only to provide one accurate picture of how funds have been allocated. *Determining cost effectiveness of different program methods will require longitudinal assessment that is inclusive of multiple program dynamics.*

The third and fourth cost analysis activities are: budget category composite reports for all of the pilot projects (1990-1993) and annual total budgets for all of the pilot projects. This data was obtained from the South Carolina Department of Education's budget reports on the projects.

Budget Category Composite for Parent Education Programs
(1990-1993)

School District	Salaries	Benefits	Purchased Services	Supplies & Materials	Capital Outlay	Total
Aiken	193,356	46,980	41,405	51,823	60,284	393,848
Allendale	209,792	51,954	74,345	35,216	5,046	376,353
Anderson 5	209,104	42,811	33,041	32,912	52,701	370,569
Beaufort	108,149	23,602	113,923	46,321	26,872	318,867
Calhoun	213,001	57,019	38,259	43,645	0	351,924
Darlington	148,857	35,616	35,388	49,869	11,798	281,528
Georgetown	205,199	47,039	34,909	34,745	39,470	361,362
Greenville	185,731	44,482	27,902	15,306	12,068	285,489
Greenwood 50	138,298	30,279	20,673	24,894	13,180	227,324
Laurens 50	211,114	46,280	26,654	34,942	27,378	346,368
Lee	179,106	30,035	25,949	37,169	8,872	287,130
Lexington 1	186,856	41,489	17,149	38,477	1,784	285,755
Lexington 4	175,421	39,898	49,077	11,391	113,663	289,450
Marion 1 & 2	259,663	67,587	48,005	78,761	48,214	502,230
Pickens	231,186	52,000	33,564	28,117	48,178	393,045
Spartanburg 2	192,459	45,763	43,763	51,109	20,706	353,890
Spartanburg 4	172,103	40,950	41,486	37,811	50,490	342,840
Sumter 2	195,860	47,682	50,435	25,282	10,767	330,026
Sumter 17	206,271	31,781	30,807	60,904	0	329,763
Union	184,241	40,548	31,673	50,126	53,126	360,566
York 4	185,829	42,174	28,080	31,224	17,954	305,270
TOTAL	3,991,596	906,059	846,496	820,043	622,551	7.093,597

Analysis of the total budget figures for the program indicate that 56 percent of the funds were allocated for salaries, 13 percent for employee benefits, 12 percent for purchased services, 10 percent for supplies and materials, and 9 percent for capital outlay. Further budget analysis indicates that several projects purchased the home visiting services of teachers or other professionals on a contract basis thus saving salary and benefits money. With support from their districts, most projects saved on capital outlay money and on supplies and materials. Compared to the costs of similar projects, this program was very frugal and economical (Weiss & Jacobs, 1988). Further integration of the program into district early childhood and adult education programs should realize further cost savings. *However, without increased funding the program will have a limited outreach to parents and children because staff are currently overloaded with cases and tasks.*

Annual Total Project Funding
(1990 - 1993)

School District	**1989-90**	**1990-91**	**1991-92**	**1992-93**	**Total**
Aiken	78,006	124,732	94,855	96,255	393,848
Allendale/Hampton	55,586	128,294	96,190	96,283	376,353
Anderson 5	24,527	153,619	96,211	96,212	370,569
Beaufort	37,807	100,604	90,106	90,350	318,867
Calhoun	57,757	103,746	94,166	96,255	351,924
Darlington		90,487	95,330	95,711	281,528
Georgetown	51,354	117,691	96,062	96,255	361,362
Greenville		93,989	95,742	95,758	285,489
Greenwood 50		75,054	75,430	76,840	227,324
Laurens 56	48,054	107,692	94,408	96,214	346,368
Lee		94,687	96,187	96,256	287,130
Lexington 1		93,754	95,746	96,255	285,755
Lexington 4		98,012	95,616	95,822	289,450
Marion 1 & 2		163,433	169,398	169,399	502,230
Pickens	77,263	126,641	93,221	95,920	393,045
Spartanburg 2	52,039	121,442	84,154	96,255	353,890
Spartanburg 4	47,035	109,613	93,096	93,096	342,840
Sumter 2	37,499	107,401	92,523	92,603	330,026
Sumter 17	33,608	104,413	95,871	95,871	329,763
Union	78,495	98,037	89,904	94,130	360,566
York 4	46,670	93,933	81,962	82,705	305,270
TOTALS	725,700	2,307,274	2,016,178	2,044,445	7,093,597